

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

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CITY OF CARSON

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 12

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

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 Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

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 E. Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 01-31-2011
Date

Executed on 1-31-2011
Date

Executed on _____
Date

Executed on _____
Date

By Clifford Cannon
Signature of Treasurer or Assistant Treasurer

By Lula Davis Holmes
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By _____
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

Statement covers period from <u>7/1/2010</u> through <u>12/31/2010</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>12</u> I.D. NUMBER 1288860
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>9460</u>	\$ <u>24846</u>
2. Loans Received Schedule B, Line 3	<u>15000</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>24560</u>	\$ <u>24946</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>4621</u>	<u>5424</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>29081</u>	\$ <u>30270</u>

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

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

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>10666</u>	\$ <u>13577</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>10666</u>	\$ <u>13577</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>4621</u>	<u>5424</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>15287</u>	<u>19001</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>15287</u>	\$ <u>19001</u>

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
<u> </u> / <u> </u> / <u> </u>	\$ _____
<u> </u> / <u> </u> / <u> </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>3217</u>
13. Cash Receipts Column A, Line 3 above	<u>24460</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>10666</u>
15. Cash Payments Column A, Line 8 above	<u>17011</u>
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	\$ _____
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Cash Equivalents and Outstanding Debts

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

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>7/1/2010</u> through <u>12/31/2010</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>12</u>
I.D. NUMBER 1288860	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/10	Eva Gatling 20812 Cortner Ave Lakewood, Ca 90715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
12/21/10	Eva Gatling 20812 Cortner Ave Lakewood, Ca 90715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	350.00	
10/19/10	Mike Mitoma 460 E. 249th St Carson, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
10/22/10	Moneshia R. Perkins 21114 S. Pioneer Blvd Apt 208 Lakewood, Ca 90715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse	100.00	100.00	
12/21/10	Carson Bail Bonds P.O. Box 4612 Carson, Ca 90749	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bail Bonds	200.00	200.00	
SUBTOTAL \$				750.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 6460.14
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 9460.14

*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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2010</u> through <u>12/31/2010</u>		CALIFORNIA FORM 460 Page <u>4</u> of <u>12</u> I.D. NUMBER 1288860

NAME OF FILER

Lula Davis-Holmes For Carson City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/10	Rogena Burrus 9516 3rd Ave Inglewood, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Social Worker	100.00	100.00	
10/13/10	Robert L. Lesley 19919 Alonda Dr Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
12/29/10	Robert L. Lesley 19919 Alonda Dr Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	250.00	
10/13/10	Chad Brown 1451 E. Abbottson St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NFL Official	100.00	100.00	
10/15/10	Chad Brown 1451 E. Abbottson St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2010</u> through <u>12/31/2010</u>		CALIFORNIA FORM 460
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I.D. NUMBER 1288860		

NAME OF FILER

Lula Davis-Holmes For Carson City Council

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)
12/2/10	Thelma Anderson 20125 Hillford Ave Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Nurse	200.00	200.00	
12/11/10	Olive B. Harris 1871 E. Turmont St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired - US Govt	220.00	220.00	
12/12/10	Barbara Calhoun City of Compton	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elected Official	100.00	100.00	
10/19/10	Linda Evans 19440 Coslin Ave Carson, Ca 90747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor	100.00	100.00	
10/19/10	DE Shon Andrews 1718 East Gladwick St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAPD Detective	100.00	100.00	
SUBTOTAL \$				720.00		

*Contributor Codes

IND - Individual
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 (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
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2010</u> through <u>12/31/2010</u>		CALIFORNIA FORM 460 Page <u>6</u> of <u>12</u>
I.D. NUMBER 1288860		

NAME OF FILER

Lula Davis-Holmes For Carson City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/10	Sandra B Davis 628 E. Turmont Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
12/12/10	Emil Loyola	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/19/10	Dr Cecilia Jefferson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - Group Home	280.00	280.00	
10/19/10	Calvin Davis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Assistant	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				580.00		

***Contributor Codes**

IND - Individual
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 (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 ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 7/1/2010
through 12/31/2010

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

I.D. NUMBER

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes P.O Box 4503 Carson, Ca 90747	Councilwoman City of Carson	\$ 11000	\$ 15000	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 26000 DATE DUE _____	_____% RATE \$ _____	\$ 54000 1-11-09 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Committee To Elect Mike Gibson	Councilman City of Carson	\$ 1000	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1000 DATE DUE _____	_____% RATE \$ _____	\$ 1000 3-6-07 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		15000 \$			\$ 27000 \$			

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 15000
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 15000
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes

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

*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)

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>7/1/2010</u> through <u>12/31/2010</u>		CALIFORNIA FORM 460
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		I.D. NUMBER <u>1288860</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lula Davis-Holmes For Carson City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
18/18/10	Ventage Capital	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Give-Away 200 turkeys	2500.00	2500.00	
10/17/10	Waste Mgt 321 W Francisco St Carson, Ca	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gift Cards and Flyers - Turkey Give-away	1300.00	1300.00	
10/18/10	Home Depot Center 18400 Avalon Blvd Carson, Ca 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gift Cards Turkey Give-Away	420.00	420.00	
10/18/10	Semplia Energy Independent Cities	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Dinner	145.00	145.00	
					SUBTOTAL \$	4365.00	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 4365.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 256.00
- 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 \$** 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

Schedule E Payments Made

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

Statement covers period from <u>7/1/2010</u> through <u>12/31/2010</u>		CALIFORNIA FORM 460
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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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
National Pen Company P.O. Box 55000 Detroit, Mi 48255	CMP		298.66
AT&T California		Phone Service	156.72
Expressions To Wear P.O. Box 5386 Carson Ca 90749		Campaign T Shirts	279.57
SUBTOTAL \$			734.95

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 10389.78
2. Unitemized payments made this period of under \$100	\$ 276.36
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 10666.14

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 7/1/2010	through 12/31/2010	
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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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Eddie Haig 20715 S. Avalon Carson, Ca		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	CMP		214.83
Jermaine & Co Carson, Ca	FND		150.00

SUBTOTAL \$ 2284.83

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

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>7/1/2010</u>		
through <u>12/31/2010</u>		Page <u>11</u> of <u>12</u>
		I.D. NUMBER 1288860

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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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kamilla Harris Calif Attorney General Sacramento, Ca	CTB			100.00
Derric Mims la Bollege Bd	CTB			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

SUBTOTAL \$ 2100.00

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

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 7/1/2010	through 12/31/2010	
Page 12 of 12		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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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 purchases with American Express Charge Card	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
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

SEMI-ANNUAL

RECEIVED
CITY CLERK

10 JUL 29 PM 1:11

CITY OF CARSON

CALIFORNIA
FORM

460

Page 1 of 13

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1288860

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 Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-635-5289

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

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 E. Gladwick Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7-27-2010
Date

Executed on 7/28/2010
Date

Executed on _____
Date

Executed on _____
Date

By Clifford Cannon
Signature of Treasurer or Assistant Treasurer

By Lula Davis-Holmes
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By _____
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

Statement covers period
from 1/1/2010
through 6/30/2010

CALIFORNIA
FORM 460

Page 2 of 13

I.D. NUMBER
1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 15,386	\$ 15,386
2. Loans Received Schedule B, Line 3	\$ -15,000	\$ -15,000
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 803	\$ 803
4. Nonmonetary Contributions Schedule C, Line 3	\$ 1189	\$ 1189
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 2911	\$ 2911
7. Loans Made Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2911	\$ 2911
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 803	\$ 803
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 3714	\$ 3714

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 5742.44
13. Cash Receipts Column A, Line 3 above	\$ 386.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
15. Cash Payments Column A, Line 8 above	\$ 2911.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3217.14

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

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

Cash Equivalents and Outstanding Debts

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

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).

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

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

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
/ /	\$
/ /	\$

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

Schedule A Monetary Contributions Received

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

Statement covers period
from 1/1/2010
through 6/30/2010

CALIFORNIA
FORM 460

Page 3 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For City Council

I.D. NUMBER
1288860

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)
5/4/10	Nationwide Environmental Services 11914 Front Street Norwalk, Ca 90650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
5/18/2010	Murphy Witherspoon 1603 Gladwick Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret	120.00	120.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,120.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 12,970.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,415.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 15,386.00

*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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>6/30/2010</u>		CALIFORNIA FORM 460
		Page <u>4</u> of <u>13</u>
		I.D. NUMBER 1288860

NAME OF FILER

Lula Davis-Holmes For City Council

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)
5/18/10	John Bates 22952 Mill Creek Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Bates Associates, Inc.	100.00	100.00	
5/18/10	Fred C. Sands 11611 San Vicente Blvd., Suite 1000 Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vintage Capital Group	5000.00	5000.00	
5/18/10	Watson Land Company 22010 Wilmington Avenue Carson, CA 90743	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00	1500.00	
5/18/10	Doris Wilson 20108 Nestor Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
5/18/10	Robert Lesley 19919 Alonda Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Police	150.00	150.00	
SUBTOTAL \$				6850.00		

*Contributor Codes

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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
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>6/30/2010</u>		CALIFORNIA FORM 460
		Page <u>5</u> of <u>13</u>
		I.D. NUMBER 1288860

NAME OF FILER

Lula Davis-Holmes For City Council

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)
5/18/10	Belinida Hayes 410 W. 220th, #8 Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Assistant	100.00	100.00	
5/18/10	Clifford and Juanita Cannon 19412 Radlett Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
5/18/10	Andrea and Lynette Johnson 603 E. University Dr. Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sophisticated Dance	150.00	150.00	
5/27/10	Thelma M. Anderson 4670 W. 62nd Place Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Nurse	200.00	200.00	
5/11/10	Jay's Catering 10581 Garden Grove Blvd. Garden Grove, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>6/30/2010</u>		CALIFORNIA FORM 460
		Page <u>6</u> of <u>13</u>
		I.D. NUMBER 1288860

NAME OF FILER

Lula Davis-Holmes For City Council

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)
5/18/10	Anchor Marts 23315 S. Main Street Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Liquor Business	100.00	100.00	
5/18/10	Daebu Investment Group 2721 E. Carson Street Carson, CA 90810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
5/18/10	Carson Bail Bonds P.O. Box 4612 Carson, CA 90749	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
6/3/10	Byron M. Mitchell 735 Howard Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
5/27/10	Young Black Contractors Association of South Central, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
SUBTOTAL \$				1,200.00		

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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
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>6/30/2010</u>		CALIFORNIA FORM 460
		Page <u>7</u> of <u>13</u>
		I.D. NUMBER 1288860

NAME OF FILER

Lula Davis-Holmes For City Council

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)
5/4/10	Kavous Emami 13201 9th Street Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KEC Engineers	250.00	250.00	
5/27/10	Elaine Glover 1377 E. 139th Street Compton, CA 90221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Art-In-Motion	150.00	150.00	
5/4/10	Cormier Chevrolet 2201 E. 223rd Street Carson, CA 90810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
5/27/10	Constance Turner 24106 Cindy Lane Lake Forest, CA 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Edison	100.00	100.00	
5/4/10	Tri City Glass 22232 S. Avalon Blvd. Carson, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
SUBTOTAL \$				1,600.00		

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>6/30/2010</u>		CALIFORNIA FORM 460
		Page <u>8</u> of <u>13</u>
		I.D. NUMBER 1288860

NAME OF FILER

Lula Davis-Holmes For City Council

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)
5/4/10	Santos C. Batucal 20209 Annalee Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
5/18/10	Nick E. Papadakis 3228 Parkhurst Drive Rancho Palos Verdes, CA 90275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
5/27/10	Al Glover 118 E. Bilson Street Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
5/27/10	Olesia Boulaer 4733 Torrance Blvd., #528 Torrance, CA 90503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tucom, LLC	100.00	100.00	
5/27/10	Bulletin Displays, LLC 3127 E. South Street, Suite B Long Beach, CA 90805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
SUBTOTAL \$				650.00		

*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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2010</u> through <u>6/30/2010</u>		CALIFORNIA FORM 460
Page <u>9</u> of <u>13</u>		
I.D. NUMBER 1288860		

NAME OF FILER

Lula Davis-Holmes For City Council

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)
5/18/10	Olive B. Harris 1871 E. Turmont Street Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
5/18/10	Cecilia J. Freeman 4196 Mount Vernon Drive Los Angeles, Ca 90008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
5/11/10	Price Transfer Group 2790 E. Del Amo Blvd Rancho Dominguez, Ca 90227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				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

Schedule B – Part 1 Loans Received

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

SCHEDULE B – PART 1

Statement covers period
from 1/1/2010
through 6/30/2010

CALIFORNIA
FORM **460**

Page 10 of 13

I.D. NUMBER

1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For City Council

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes P.O. Box 4503 Carson, Ca 90747 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman	\$ 26,000	\$	<input checked="" type="checkbox"/> PAID \$ 15000 <input type="checkbox"/> FORGIVEN \$	\$ 11000 DATE DUE	% RATE \$	\$ 54000 1-11-09 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
Committee o Elect Mike Gibson † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilman	\$ 1000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 1000 DATE DUE	% RATE \$	\$ 1000 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$			\$ 15000	\$ 12000	\$			

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 15000
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ -15000**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*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)

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>1/1/2010</u> through <u>6/30/2010</u>		CALIFORNIA FORM 460
		Page <u>11</u> of <u>13</u>
		I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lula Davis-Holmes For City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5-14-10	JAY'S Catering 3 Civic Plaza Drive Carson, Ca 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Refreshments	333.00	333.00	
4-23-10	100-Black Men of Long Beach Long Beach, Ca	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Event Tickets	250.00	250.00	
4-10-10	CSUDH 1000 E. Victoria Street Carson, Ca 90747	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Parking Permit	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$					683.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 683.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 120.00
- 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 \$ 803.00

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

Schedule E Payments Made

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

Statement covers period
from 1/1/2010
through 6/30/2010

CALIFORNIA
FORM 460

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I.D. NUMBER
1288860

SEE INSTRUCTIONS ON REVERSE

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.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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	CTB		100.00
City of Carson 701 East Carson St. Carson, Ca 90745	FND		487.00
SUBTOTAL \$			687.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2860.00
 2. Unitemized payments made this period of under \$100 \$ 51.00
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 2911.00**

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

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

SCHEDULE (CONT.)

Statement covers period from 1/1/2010 through 6/30/2010		CALIFORNIA FORM 460
Page 13 of 13		
I.D. NUMBER 1288860		

SEE INSTRUCTIONS ON REVERSE
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.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
National Pen Company P.O. Box 55000 Detroit, MI 48255	OFC		867.00
SB Strategies, LLC 20929 Ventura Blvd Ste 47101 Woodland Hills, Ca 91364		Robo Calls	256.00
Citizens for Waters 555 S. Flowers Street Los Angeles, Ca 90071	LIT		250.00
CCR id 1276736 P.O. Box 11245 Carson, Ca 90749	LIT		700.00
Eddie Lee Mathews	FND		100.00

SUBTOTAL \$ 2173.00

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

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

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

SEMI-ANNUAL

Type or print in ink

COPY

RECEIVED
CITY CLERK

JAN 31 PM 3:59

CITY OF CARSON

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 8

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SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1288860

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

Lula Davis-Hlmes For Carson City Council

STREET ADDRESS (NO P.O. BOX)

959 E. Gladwick Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

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 E. Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca		310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1-30-12

Date

Executed on 1-31-12

Date

Executed on _____

Date

Executed on _____

Date

By Clifford Cannon Signature of Treasurer or Assistant Treasurer

By Lula Davis-Hlmes Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By _____ 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.

SUMMARY PAGE

Statement covers period from <u>7/1/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>8</u> I.D. NUMBER 1288860
--	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Car City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>6,699</u>	\$ <u>37,085</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>15,000</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>6,699</u>	\$ <u>53,085</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>4,386</u>	<u>4,386</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>11,085</u>	\$ <u>57,821</u>

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

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

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>7,868</u>	\$ <u>63,862</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>7,868</u>	\$ <u>63,862</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>7,868</u>	\$ <u>63,862</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1,403</u>
13. Cash Receipts Column A, Line 3 above	<u>6,699</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>7,868</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>234</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
---	----------

Cash Equivalents and Outstanding Debts

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

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>7/1/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Car City Council

I.D. NUMBER

1288860

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)
8-9-11	Thomas Safran Associates 11812 San Vicente Blvd #600 Los Angeles, Ca 90749	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000	1,000	
8-13-11	Andrew D. Gross 4197 Keystone Culver City, Ca 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thomas Safran	500	500	
9-29-11	Cornier Chevrolet John Peterson Jr 2201 E. 223rd St Long Beach, Ca 98810	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500	2,500	
10-18-11	Waste Management 915 L Street Suite 1430 Sacramento, Ca 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000	2,000	
10-20-11	Rickey Lewis 3004 W. 84th Pl Inglewood, Ca 90305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fireman LA County Fire Dept	500	500	
SUBTOTAL \$				6,500		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6,600
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 99
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6,699

*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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>8</u>		
NAME OF FILER Lula Davis-Holmes For Car City Council		I.D. NUMBER 1288860

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)
11-20-11	Dr. Steven Gole 14015 S. Van Ness Gardena, Ca 90249	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician	100	100	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				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 B - Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from 7/1/2011
through 12/31/2011

CALIFORNIA
FORM 460

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Car City Council

I.D. NUMBER

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 PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes P.O. Box 4503 Carson, Ca 90747 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman City of Carson	\$ 41,000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 41,000 DATE DUE	% RATE	\$ 54,000 1/11/09 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
Committee to Elect Mike Gibson † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilman	\$ 1,000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 1,000 DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$						\$ 42,000		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*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 from <u>7/1/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>8</u>
I.D. NUMBER <u>1288860</u>	

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 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)
11-16-11	Ralphs Grocery Company P.O. Box 54143 Los Angeles, Ca 90054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Give-Away	1,000	1,000	
11-14-11	Home Deport Cener 18400 Avalon Blvd Suite 100	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Give-Away	450	450	
11-9-11	Southbay Pavilion 20700 Avalon Blvd Suite 620	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Give-Away	1,000	1,000	
11-10-11	Albertson Food Store Torrance, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Give-Away	311	311	
SUBTOTAL \$					2761		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 4,386
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$
- 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 \$ 4,386

*Contributor Codes

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

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>7/1/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>8</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1288860

Lula Davis-Holmes For Car City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12-21-11	Councilman Mike Gibson 17503 Subberry Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilman	Turkey Give-Away	100	100	
12-16-11	Young Black Contractors Draxel Johnson 4068 Crenshaw Blvd Suite 7 Los Angeles, Ca 90008	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15 Huffy Bikes @ \$15 ea Kids Christmus Give-Away	1,125	1,125	
12-16-11	Picalo Books Los Angeles, CA 4949 GRAYWOOD AVE LAKEWOOD, CA 90712	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 Books Give-Away @ \$2 Gift if Knowledge	400	400	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

SUBTOTAL \$ 1,625

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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

Statement covers period
from 7/1/2011
through 12/31/2011

SCHEDULE E
CALIFORNIA FORM 460

Page 8 of 8

I.D. NUMBER
1288860

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lula Davis-Holmes For Car City Council

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
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Universal Credit Card Processing Center Des Moines, IA	LIT		1,665
Southland Credit Union PO Box 30097 Tampa, FL 33630-3097	LIT		5,203
SB Strategies	CNS		1,000
SUBTOTAL \$			7,868

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 7,868
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 7,868

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Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

SEMI-ANNUAL

RECEIVED
CITY CLERK

11 AUG -1 AM 11:33

CITY OF CARSON

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 1

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 2/20/11
through 6/30/11

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

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1288860

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

Lula Davis-Holmes For City Council

STREET ADDRESS (NO P.O. BOX)

959 E Gladwick

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

MAILING ADDRESS

19412 Radlett Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-635-5389

NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

MAILING ADDRESS

959 E Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7-29-11 Date

Executed on 8-1-11 Date

Executed on Date

Executed on Date

By Clifford Cannon Signature of Treasurer or Assistant Treasurer

By Lula Davis-Holmes Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By 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.

SUMMARY PAGE

CALIFORNIA
FORM

460

Statement covers period
from 2/20/11

through 6/30/11

Page 2 of 11

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 14949	\$ 31386
2. Loans Received Schedule B, Line 3	0	15000
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 14949	\$ 46386
4. Nonmonetary Contributions Schedule C, Line 3	0	350
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 14949	\$ 46736

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 36243.65	\$ 55994
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 36243.65	\$ 55994
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 36243.65	\$ 55994

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 21791.17
13. Cash Receipts Column A, Line 3 above	14947
14. Miscellaneous Increases to Cash Schedule I, Line 4	36243.65
15. Cash Payments Column A, Line 8 above	496.52
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

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

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).

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

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

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
	\$
	\$

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>2/20/11</u> through <u>6/30/11</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>11</u>
I.D. NUMBER 1288860	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For City Council

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)
4/9/11	Cormier Chevrolet 2201 East 223rd Street Carson, Ca 90810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	3,500.00	
3/15/11	Thomas Safran & Associates 11812 San Vicente Blvd #600 Los Angeles, Ca 90049	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				3,000.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,650.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 299.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 14,949.00

*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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/20/11</u> through <u>6/30/11</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>11</u>		
NAME OF FILER Lula Davis-Holmes For City Council		I.D. NUMBER 1288860

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)
3/20/11	VCG Real Estate Management, LLC 11611 San Vivente Blvd, Suite 1000 Los Angeles, Ca 90049	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
2/22/11	Nationwide Environmental Services 11914 Front St Norwalk, Ca 90650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
2/20/11	Clear Channel 19320 Harborgate Way Torrance, Ca 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
2/20/11	Anschutz So Calif Sports Complex LLC 18400 Avalon Blvd Suite 100 Carson, Ca 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
3/6/11	Jason Seward 5482 Wilshire Blvd #115 Los Angeles, Ca 90036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	
SUBTOTAL \$				6,850.00		

***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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
 from 2/20/11
 through 6/30/11

CALIFORNIA
 FORM **460**

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NAME OF FILER

Lula Davis-Holmes For City Council

I.D. NUMBER

1288860

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)
6/5/11	Kudco Diversfied, LLC 3127 East South Street, Suite B Long Beach, Ca 90805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
2/23/11	Uli Feesago Jr 155 E 189th St Carson, Ca 90246	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Works-Superintendent, Carson	200.00	200.00	
6/27/11	Price Transfer, Inc 2790 E. Del Amo Blvd Carson, Ca 80221	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,000.00	
4/18/11	Warren Furutani Sacramento, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ca State Assemblyman	500.00	500.00	
3/28/11	So Calif Edison P.O. Box 700 Rosemead, Ca 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/20/11</u> through <u>6/30/11</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>11</u> I.D. NUMBER 1288860
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NAME OF FILER

Lula Davis-Holmes For City Council

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)
3/3/11	Avia Pepper Long 2725 E. Tyler St Lng Beach, Ca 90810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
3/3/11	Chad Brown 1451 E. Abbottson St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NFL Official	200.00	400.00	
4/21/11	ACEA Local 3090 AFSCME Shatto Pl Los Angeles, Ca	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
4/14/11	Watson Land Company 22010 Wilmington Ave Carson, Ca 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	5,000.00	
3/8/11	Carmen Estrada Schaye 58 Portuguese Bend Road Rolling Hills, Ca 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
SUBTOTAL \$				3,150		

***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 Loans Received

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

SCHEDULE B – PART 1

Statement covers period from <u>2/20/11</u> through <u>6/30/11</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>11</u>	I.D. NUMBER <u>1288860</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For City Council

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes P.O. Box 4503 Carson, Ca 90747 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carson Councilwoman	\$ <u>41,000</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>41,000</u> DATE DUE _____	_____% RATE \$ _____	\$ <u>54,000</u> 1/11/09 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
Committee to Elect Mike Gibson † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>1,000.00</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>1,000.00</u> DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$					\$ 42,000 \$			

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 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

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

** If required.

Schedule E Payments Made

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

SCHEDULE E

CALIFORNIA
FORM

460

Statement covers period
from 2/20/11
through 6/30/11

Page 8 of 11

I.D. NUMBER
1288860

SEE INSTRUCTIONS ON REVERSE

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.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lambert Adouki 421 W 33rd Street #206 Long Beach, CA 90806	LIT		500.00
American Express Credit Card BOX 0001 Los Angeles, Ca 90096-8000	LIT		600.00
MNII Depot	LIT		375.00
SUBTOTAL \$			1,475.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 35,997.54
2. Unitemized payments made this period of under \$100	\$ 246.11
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 36,243.65

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>2/20/11</u> through <u>6/30/11</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>11</u>
	I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE
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.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mailing Pros Inc 5261 Business Dr Huntington Beach, Ca 92649	LIT		3,299.43
National Pen P.O. BOX 55000 Detroit Mi, 48255-2745	OFC		119.02
Political Data Inc P.O. Box 1706 Burbank, Ca 91507	LIT		2,476.27
Teddy Jones 3847 Cockland Drive Los Angeles, Ca		DJ Service for Victory - WEB Development	525.00
Lambert Adouki 421 W 33rd Street Long Beach, Ca 90806	CNS		1,000.00

SUBTOTAL \$ 7419.72

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

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

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 2/20/11
through 6/30/11

CALIFORNIA
FORM **460**

Page 10 of 11

I.D. NUMBER
1288860

SEE INSTRUCTIONS ON REVERSE
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.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Universal Credit Card Processing Center Des Moines, IA		Campaign Literature, Fundraising Event, Office Expenses	7,094.62
Lambert Field Consulting 421 W 33rd Street, #206 Long Beach, CA 90806	PHO		6,310.00
SB Sategies		Off site phone facility	2000.00
Lambert Field Consulting 421 W 33rd Street #206 Long Beach, Ca 90806		Establish Phone Bank System	5,518.50
Joe Green		Decorations (Balloons)	180.00

SUBTOTAL \$ 21,102.82

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

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

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>2/20/11</u> through <u>6/30/11</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>11</u>
	I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE
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.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
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OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lambert Adouki 421 W 33rd Street #206 Long Beach, CA 90806	CNS		5,000.00
NatAssi	LIT		1,000.00

SUBTOTAL \$ 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

NAME OF FILER Lula Davis-Holmes For Carson City Council		Date of This Filing 3/2/2011	11 MAR -2 PM 5:00 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-617-7563	I.D. NUMBER (if applicable) 1288860	Report No. C-01		
STREET ADDRESS 959 E. Gladwick		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Carson	STATE Ca	ZIP CODE 90746	No. of Pages 1	

1. Contribution(s) Received

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
3/1/2011	Clear Channel 19320 Harborage Way Torrance, Ca 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
3/2/2011	VCG REAL ESTATE MANAGEMENT, LLC 11611 San Vicente Blvd, Ste 1000 Los Angeles, Ca 90049	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____

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496 Independent Expenditure Report

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

RECEIVED
CITY CLERK

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Lula Davis-Holmes For Carson City Council		Date of This Filing 2/28/2011	Date Stamp FEB 28 PM 2:10	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 310-617-7563	I.D. NUMBER (if applicable) 1288860	Report No. 01	CITY OF CARSON	
STREET ADDRESS 959 E. Gladwick		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Carson	STATE Ca	ZIP CODE 90746	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
2/25/2011	Field Consulting	1,000.00
2/25/2011	Field Consulting	5,318.50
2/28/2011	Field Assistance, Phone and Canvass Programs	2,000.00
2/28/2011	Campaign Software and Subscriptions	2,476.27

Reason for Amendment: _____

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496 Independent Expenditure Report

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

RECEIVED
CITY CLERK

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER

Lula Davis-Holmes For Carson City Council

AREA CODE/PHONE NUMBER

310-617-7563

I.D. NUMBER (if applicable)

1288860

STREET ADDRESS

959 E. Gladwick

CITY

Carson

STATE

Ca

ZIP CODE

90746

Date of
This Filing 3/7/2011

Report No. 02

☐ Amendment
to Report No. _____
(explain below)

No. of Pages 1

Date Stamp

MAR -7 PM 12:02

CITY OF CARSON

CALIFORNIA
FORM

496

For Official Use Only

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

OFFICE SOUGHT OR HELD

DISTRICT NO.

SUPPORT

OPPOSE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
3/4/2011	Mailer	\$2,119.86

Reason for Amendment: _____

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**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

2ND PRE-ELECTION

Type or print in ink.

RECEIVED
CITY CLERK

FEB 24 PM 4:40

CITY OF CARSON

CALIFORNIA
FORM

COVER PAGE

460

Page 1 of 14

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1288860

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 CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

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 E. Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on February 24, 2011
Date

Executed on February 24, 2011
Date

Executed on _____
Date

Executed on _____
Date

By Clifford Cannon
Signature of Treasurer or Assistant Treasurer

By Lula Davis-Holmes
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By _____
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.

SUMMARY PAGE

Statement covers period from <u>1/23/2011</u> through <u>2/19/2011</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>19</u>
I.D. NUMBER 1288860	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 15337.00	\$ 16437.00
2. Loans Received	Schedule B, Line 3	15000.00	15000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 30337.00	\$ 31437.00
4. Nonmonetary Contributions	Schedule C, Line 3	350.00	350.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 30687.00	\$ 31787

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 19256.31	\$ 19751.31
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 19256.31	\$ 19751.31
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 19256.31	\$ 19751.31

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 12616
13. Cash Receipts	Column A, Line 3 above	30337
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	19256.31
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 23696.69

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
------------------------------------	--------------------	----------

Cash Equivalents and Outstanding Debts

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

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 1/23/2011
through 2/19/2011

CALIFORNIA
FORM 460

Page 3 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1288860

Lula Davis-Holmes For Carson City Council

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)
1/29/11	Cormier Chevrolet 2201 East 223RD Street Carson, Ca 90810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
1/29/11	Chad Brown 1451 E. Abbottson St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NFL Official	250.00	250.00	
1/29/11	Bulletin Displays, LLC 3127 East South St Long Beach, Ca 90805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
1/29/11	Price Transfer Group 2790 East Del Amo Blvd Rancho Dominguez, Ca 90221	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
2/2/11	Best-Buy Tire Centers 12932 Pioneer Blvd Norwalk, Ca 90650	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
SUBTOTAL \$				4,500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,525.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 812.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 15,337.00

*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) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/23/2011</u> through <u>2/19/2011</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>14</u>
I.D. NUMBER <u>1288860</u>	

NAME OF FILER

Lula Davis-Holmes For Carson City Council

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)
2/7/11	Carson Estate Trust 10 Bayview Circle, Suite 3500 Newport Beach, Ca 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
1/28/11	NKP MANAGEMENT, DBA Mc Donalds 17504 Amantha Ave Carson, Ca 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
1/29/11	Chief Loa Pele Faletofo 19802 S Main Street #202 Carson, Ca 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,800.00	1,800.00	
1/27/11	Watson Land Company 22010 Wilmington Ave Carson, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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)
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/23/2011</u> through <u>2/19/2011</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>14</u>		
NAME OF FILER Lula Davis-Holmes For Carson City Council		I.D. NUMBER 1288860

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)
2/4/11	AFT STAFF GUILD LOCAL 1521-A 3356 Barham Blvd Los Angeles, Ca 90068	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
1/7/11	South Bay Cooperative, DBA United Checkers 2129 W. Rosecrans Ave Gardena, Ca 90249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
1/7/11	Yellow CAB South Bay Cooperative, INC 2129 W Rosecrans Ave Gardena, Ca 90249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
2/8/11	John Bates Associates, Inc 22952 Mill Creek Dr. Laguna Hills Ca 92653	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
1/24/11	Thomas Safran & Associates 11812 San Vicente Blvd, Suite 600 Los Angeles, Ca 90049	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
SUBTOTAL \$				1,350.00		

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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
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/23/2011</u> through <u>2/19/2011</u>		CALIFORNIA FORM 460
		Page <u>6</u> of <u>14</u>
		I.D. NUMBER 1288860

NAME OF FILER

Lula Davis-Holmes For Carson City Council

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)
2/7/11	Vera Robles DeWitt P.O. Box 4612 Carson, CA 90749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Carson Bail Bonds	\$200.00	\$200.00	
2/7/11	Rita Boggs 21328 Island Avenue Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO American Research & Testing, Inc.	\$250.00	\$250.00	
2/7/11	Latrice Carter 19018 Belshaw Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Los Angeles	\$100.00	\$100.00	
2/7/11	Linda Evans 19440 Coslin Avenue Carson, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Transportation Planner City of Los Angeles	\$100.00	\$100.00	
2/7/11	Robert Lesley 19919 Alonda Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/23/2011</u> through <u>2/19/2011</u>		CALIFORNIA FORM 460
Page <u>7</u> of <u>14</u>		
I.D. NUMBER 1288860		

NAME OF FILER

Lula Davis-Holmes For Carson City Council

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)
2/11/11	Andy Goodman 622 Vincent Park Redondo Beach, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales CBS	\$100.00	\$100.00	
2/7/11	Rose Bonoam Pilipino American Alliance USA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/7/11	Thelma Anderson 20125 Hillford Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Nurse	\$100.00	\$100.00	
2/7/11	DeShon Andrews 1718 Gladwick Street Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAPD Detective LAPD	\$400.00	\$400.00	
1/29/11	Donald R. Finn 1 Mulberry Lane Trabuco Canyon, CA 92679	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	
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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1/23/2011
through 2/19/2011

CALIFORNIA
FORM 460

Page 8 of 14

I.D. NUMBER
1288860

NAME OF FILER

Lula Davis-Holmes For Carson City Council

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)
2/4/11	Robert Richardson 16605 S. Thorson Avenue Compton, CA 90221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/11/11	Mattie B. Harper 18316 Coltman Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
2/14/11	Clovijean Good 1426 Turmont Street Carson, CA 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/26/11	Johnnie Sanders 547 E. Cassidy St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
2/16/11	BNSF Railway Company 2500 Lou Menk Drive Company Fort Worth, Tx 76131	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
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 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period from 1/23/2011 through 2/19/2011	CALIFORNIA FORM 460
Page 9 of 11	I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lula Davis-Holmes For Carson City Council

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes P.O. Box 4503 Carson, Ca 90747		\$ 26000	\$ 15000	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 41000 DATE DUE _____	_____% RATE \$ _____	\$ 54000 1/11/09 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Committee To Elect Mike Gibson		\$ 1000	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1000 DATE DUE _____	_____% RATE \$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$						\$ 42000		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 15000
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 15000
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*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)

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period

from 1/23/2011

through 2/19/2011

CALIFORNIA
FORM

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

1288860

Lula Davis-Holmes For Carson City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2011	Jay's Catering 3 Civic Plaza Drive Carson, Ca 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Wine and Linen for Fundraiser	200.00	200.00	
2/11/2011	Flowers by Demetri 665 E. University Drive Carson, CA 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Flower Centerpieces for Fund-raiser	\$150.00	\$150.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 350.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 350.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$
- 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 \$ 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

Schedule E Payments Made

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

Statement covers period
from 1/23/2011
through 2/19/2011

SCHEDULEE
CALIFORNIA
FORM 460

Page 11 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

I.D. NUMBER
1288860

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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	LIT		1,340.00
SUBTOTAL \$			2,632.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 18,847.77
2. Unitemized payments made this period of under \$100	\$ 408.54
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 19,256.31

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

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

SCHEDULE E (T.)

Statement covers period

from 1/23/2011

through 2/19/2011

CALIFORNIA
FORM

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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.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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.

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

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>1/23/2011</u>		
through <u>2/19/2011</u>		Page <u>13</u> of <u>14</u>
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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lambert Field Consulting 421 W. 33rd Street, #206 Long Beach, CA 90806	CNS		\$2,930.00
Foley 13222 Beaver Street Sylmar, CA 91342	CMP		\$2,000.00
Mailing pros, Inc. 5261 Business Drive Huntington Beach, CA 92649	LIT		\$1,988.44
SB Strategies, LLC 20929 Ventura Blvd., Suite 47101 Woodland Hills, CA 91364	CNS		\$3135.00
AT&T Platinum Card P.O. Box 6500 Sioux Falls, SD 57117-6500	LIT		\$1,000.00

SUBTOTAL \$ 11,053.44

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

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

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1/23/2011	
through	2/19/2011	Page 14 of 14
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.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Teddy Jones 3847 Cockland Drive Los Angeles, CA		DJ Services for Fundraiser	\$375.00
Katrina Saroyan P.O. Box 895 Burbank, CA 91503		Entertainment for Fundraiser	\$250.00
Pitney Bowes 1 Elm Croft Road Stanford, CN 60926	POS		\$148.88

SUBTOTAL \$ 773.88

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

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**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

1ST PRE-ELECTIC PAGE

CALIFORNIA FORM 460

Page 1 of

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2011
through 1/22/2011

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

3/8/2011

Date Stamp
RECEIVED
CITY CLERK
JAN 27 PM 5:58
CITY OF CARSON

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1288860

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

Lula Davis For Carson City Council

STREET ADDRESS (NO P.O. BOX)

959 E. Gladwick

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

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 E. Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1-27-11
Date

Executed on 1-27-11
Date

Executed on
Date

Executed on
Date

By Clifford Cannon
Signature of Treasurer or Assistant Treasurer

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

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
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.

SUMMARY PAGE

Statement covers period
from 1/1/2011
through 1/22/2011

CALIFORNIA
FORM **460**

Page 2 of

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1288860

Lula Davis-Holmes For City Council

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 1100	\$
2. Loans Received	Schedule B, Line 3	0	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1100	\$
4. Nonmonetary Contributions	Schedule C, Line 3	0	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 1100	\$

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 495.00	\$
7. Loans Made	Schedule H, Line 3	0	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 495.00	\$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 495.00	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 17011
13. Cash Receipts	Column A, Line 3 above	1100
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	495
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 17616

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).

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

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

Cash Equivalents and Outstanding Debts

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from 1/1/2011 through 1/22/2011	CALIFORNIA FORM 460 Page 3 of
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For City Council

I.D. NUMBER

1288860

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)
1/1/11	Doris Wilson 20108 Nester Ave Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	80.00	80.00	
1/15/11	Doris Wilson 20108 Nester Ave Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	80.00	160.00	
1/20/11	DEJ FAMILY LIMITED PARTNERSHIP 16525 S Avalon Blvd Carson, Ca 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bus Entr	300.00	300.00	
1/15/11	Patricia Hellerud 21526 Nicolle Ave Carson, Ca 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/8/11	Clarice M Gallow PO Box 4842 Carson Ca 90749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
SUBTOTAL \$				760.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 960.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 140.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1100.00

*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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
 from 1/1/2011
 through 1/22/2011

CALIFORNIA
 FORM **460**

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NAME OF FILER

Lula Davis-Holmes For City Council

I.D. NUMBER

1288860

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)
1/15/11	Eva Gatling 20812 Cortner Ave Lakewood, Ca 90715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				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

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 ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 1/1/2011
through 1/22/2011

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For City Council

I.D. NUMBER

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis Holmes P.O. Box 4503 Carson, Ca 90747 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman City of Carson	\$ 26000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 26000 DATE DUE	% RATE \$	\$ 54000 1-11-09 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
Committee To Elect Mike Gibson † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 1000 DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		\$		\$ 27000 \$				

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
(May be a negative number)

†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

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

** If required.

Schedule E Payments Made

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

Statement covers period from 1/1/2011 through 1/22/2011		SCHEDULE E CALIFORNIA FORM 460
		Page 6 of
		I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

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.

CMP 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
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Metro PC Phones	PHO		495.50
SUBTOTAL \$			495.50

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 495.50
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 495.50

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

SEMI-ANNUAL

COVER PAGE

RECEIVED
CITY CLERK

Date Stamp

31 PM 4:39

CITY OF CARSON

CALIFORNIA
FORM

460

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2012
through 12/31/2012

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

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1288860

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

Lula Davis-Holmes For City Council

STREET ADDRESS (NO P.O. BOX)

959 E Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-617-7563</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

MAILING ADDRESS

19412 Radlett Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-635-5289</u>

NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

MAILING ADDRESS

959 E. Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-617-7563</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1-29-13
Date

Executed on 1-31-13
Date

Executed on _____
Date

Executed on _____
Date

By Clifford Cannon
Signature of Treasurer or Assistant Treasurer

By Lula Davis-Holmes
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By _____
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.

SUMMARY PAGE

Statement covers period from <u>7/1/2012</u> through <u>12/31/2012</u>		CALIFORNIA FORM 460
		Page <u>2</u> of <u>8</u>
		I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes for City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>5956.50</u>	\$ <u>21,215.50</u>
2. Loans Received Schedule B, Line 3	\$ <u>-14,741.00</u>	\$ <u>-11,475.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>-8,784.50</u>	\$ <u>9740.50</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>5,921.00</u>	\$ <u>5,921</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>-2,863.50</u>	\$ <u>15,661.50</u>

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

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

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>1,548.44</u>	\$ <u>10,269.40</u>
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1,548.44</u>	\$ <u>10,269.40</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>5,921.00</u>	\$ <u>5,921.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>7,469.44</u>	\$ <u>7,469.44</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>11,937.00</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>-8,784.50</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>1,548.44</u>
15. Cash Payments Column A, Line 8 above	\$ <u>1,604.06</u>
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	\$ _____
---	----------

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).

Cash Equivalents and Outstanding Debts

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 7/1/2012
through 12/31/2012

CALIFORNIA
FORM **460**

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes for City Council

I.D. NUMBER

1288860

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)
11/21/12	Drexel Johnson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Young Black Contractors	200.00	200.00	
7/28/12	Douglas J Gray 19016 Colbeck Ave Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
7/28/12	Richard Hernandez 108 W 226th St Carson, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
7/28/12	Yocale Andrews 1718 E Gladwick St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA County	120.00	120.00	
7/28/12	Debbie V. Harrison 1432 Helmick Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
SUBTOTAL \$				620.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1420.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 4536.50
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5,956.50

*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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2012</u> through <u>12/31/2012</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>8</u> I.D. NUMBER <u>1288860</u>
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NAME OF FILER

Lula Davis-Holmes for City Council

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)
9/26/12	Bob Johnson 16419 Haimmeg Pl Cerritos, Ca 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
7/28/12	Douglas Gray 19016 Calbeck Ave Carson, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret	100.00	100.00	
7/28/12	Clarice Gallow P.O. Box 4842 Carson Ca 90749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret	500.00	500.00	
9/26/12	Vivian Hatcher 19202 Annalee Carson, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				800.00		

***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 Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from 7/1/2012
through 12/31/2012

CALIFORNIA
FORM **460**

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes for City Council

I.D. NUMBER

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 PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(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 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman City of Carson	\$ 41,000	\$	<input type="checkbox"/> PAID \$ 14,741 <input type="checkbox"/> FORGIVEN \$	\$ 26,259 DATE DUE	% RATE \$	\$ 54,000 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
Committee to Elect Mike Gipson † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 1,000 DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
Harry Holmes 959 E. Gladwick Carson, Ca 90746 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 3,266	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 3,266 DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
SUBTOTALS \$		\$	\$ 14,741	\$	\$ 30,525	\$		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 14,741
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ -14,741
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*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 from <u>7/1/2012</u> through <u>12/31/2012</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>4</u>
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lula Davis-Holmes for City Council

I.D. NUMBER

1288860

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/12	Ralphs & Food 4 Less P.O. Box 54143 Los Angeles, Ca 90054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Give-Away Gift Certificates	1,000	1,000	
11/12/12	Vantage Real Estate 11611 San Vicente Blvd Los Angeles, Ca 90049	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Gift Baskets	100	100	
11/13/12	Waste Mgt 1970 E. 213th St Long Beach, Ca 90810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Give-Away Gift Cards	500	500	
11/13/12	Home Depot Center 18400 Avalon Blvd Suite 100	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Give-Away	500	500	
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	2,100	

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- 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 C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>7/1/2012</u> through <u>12/31/2012</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>9</u>
I.D. NUMBER 1288860	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lula Davis-Holmes for City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/04/12	Money Saver's Meats 3223 W. Florence Ave Los Angeles, Ca 90043	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Chicken Sausages for Bar B Q Fund Raiser	250	250	
10/25/12	General Mills 1375 Beachey Place Carson, Ca 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In Kind Health Expo	200	200	
10/26/12	Waste Mgt	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-Kind Flyers and Equipment For Jazz Festival	3,371	3,371	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	3,8821	

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 5,921
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- 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 \$** 5,921

*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.

Statement covers period
from 7/1/2012
through 12/31/2012

SCHEDULE E

CALIFORNIA **460**
FORM

Page 8 of 8

I.D. NUMBER
1288860

SEE INSTRUCTIONS ON REVERSE

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.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

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

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Councilwoman Julie Raber P.O. Box 11145 Carson, Ca 90749	CTB		125.00
City of Carson, Treasurer's Office 701 East Carson St Carson Ca	FIL		387.50
National Pen P.O. Box 55000 Detroit, Mi 48255-2745	CMP		112.51

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

SUBTOTAL \$ 625.01

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,548.44

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).) \$

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1,548.44

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**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

AMENDMENT

PAGE

Date Stamp

CALIFORNIA
FORM

460

Page 1 of 2

For Official Use Only

Statement covers period
from 1/1/2012
through 6/30/2012

Date of election if applicable:
(Month, Day, Year) 12 SEP 10 PM 5:49

CITY OF CARSON

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☒ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

Schedule B- Part 1 col a; The beginning outstanding balance was carried over incorrectly from previous stmt. 27000 instead of 42000

3. Committee Information

I.D. NUMBER
1288860

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

Lula Davis-Holmes For City Council

STREET ADDRESS (NO P.O. BOX)

959 E Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-617-7563</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

MAILING ADDRESS

19412 Radlett Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-635-5289</u>

NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

MAILING ADDRESS

959 E Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-617-7563</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7/3/2012
Date

Executed on 7/3/2012
Date

Executed on _____
Date

Executed on _____
Date

By Clifford Cannon
Signature of Treasurer or Assistant Treasurer

By Lula Davis-Holmes
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from 1/1/2012
through 6/30/2012

CALIFORNIA
FORM 460

Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

I.D. NUMBER

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 PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(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	\$ 41,000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 41,000 DATE DUE	% RATE \$	\$ 54,000 1/11/09 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Committee to Elect Mike Gipson	Councilman City of Carson	\$ 1,000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 1,000 DATE DUE	% RATE \$	\$ 1,000 3/6/07 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
		\$	\$ 3,266	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 3,266 DATE DUE	% RATE \$	\$ 3,266 3/13/12 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		3,266 \$	\$	45,266 \$				

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 3,266
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 3,266
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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

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**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COPY

SEMI-ANNUAL

COPY PAGE

RECEIVED
CITY CLERK
JUL 31 PM 5:49
CITY OF CARSON

CALIFORNIA
FORM **460**

Page 1 of 11

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2012
through 6/30/2012

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

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1288860

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

Lula Davis-Holmes For City Council

STREET ADDRESS (NO P.O. BOX)

959 E. Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-617-7563</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

MAILING ADDRESS

19412 Radlett Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-635-5289</u>

NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

MAILING ADDRESS

959 E Gladwick Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-617-7563</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7/31/12
Date

Executed on 7/31/12
Date

Executed on _____
Date

Executed on _____
Date

By Clifford Cannon
Signature of Treasurer or Assistant Treasurer

By Lula Davis-Holmes
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By _____
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.

SUMMARY PAGE

Statement covers period
from 1/1/2012
through 6/30/2012

CALIFORNIA
FORM **460**

Page 2 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

I.D. NUMBER

1288860

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 15,259	\$ 15,259
2. Loans Received	Schedule B, Line 3	\$ 3,266	\$ 3,266
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 18,525	\$ 18,525
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 18,525	\$ 18,525

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 8,721	\$ 8,721
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 8,721	\$ 8,721
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 8,721	\$ 8,721

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 234
13. Cash Receipts	Column A, Line 3 above	18,525
14. Miscellaneous Increases to Cash	Schedule I, Line 4	8,721
15. Cash Payments	Column A, Line 8 above	10,037
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

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

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 1/1/2012
through 6/30/2012

CALIFORNIA
FORM **460**

Page 3 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

I.D. NUMBER

1288860

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)
6/1/12	Cynthia Hunter 814 E. Sandpoint Ct Carson, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAUSD Teacher	100.00	100.00	
6/22/12	Waste Management P.O. Box 3027 Houston, TX 77253	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
1/26/12	John Sweeper 11914 Front St "B" Norwalk, Ca 90650	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Sweeper Repairs Fueling Team	1,000.00	1,000.00	
6/22/12	Eva Gatling 20812 Corner Ave Lakewood, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/26/12	Certified Roofing Allicators P.O. Box 4103 Whittier, Ca 90607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
SUBTOTAL \$				2,700.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 9,150.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 6,109.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 15,259.00

*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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2012</u> through <u>6/30/2012</u>		CALIFORNIA FORM 460 Page <u>4</u> of <u>4</u>
I.D. NUMBER 1288860		

NAME OF FILER

Lula Davis-Holmes For Carson City Council

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)
5/23/12	Ionia McDonald 1668 E. Cyrene Dr Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	
1/24/2012	Nationwide Environmental Services 11914 Front Street Norwalk, Ca 90650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
4/24/12	Bob Johnson 16419 Holmes Place Cerritos, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
5/16/12	David Gunning 18532 Clyde Park Ave Cerritos, Ca 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
5/25/12	Joey Hill 1071 S. Cloverdale Ave L.A., Ca 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Director Congresswoman Richardson	250.00	250.00	
SUBTOTAL \$				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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2012</u> through <u>6/30/2012</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>11</u>
I.D. NUMBER 1288860		

NAME OF FILER

Lula Davis-Holmes For Carson City Council

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)
6/1/12	Rd & Carmen Simnos 8945 S Markkallos Pl L.A., Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
6/1/12	John Peterson 2201 E 223rd St Carson, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner WIN Chevrolet	1,000.00	1,000.00	
6/1/12	Ed Holt	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
6/1/12	Dr Thomas L Johnson MD 9700 S Sepalveda Blvd L.A., Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor	100.00	100.00	
6/1/12	Berj Aliksanjar 508 1/2 3rd St Montebello, Ca 90646	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2012</u> through <u>6/30/2012</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>11</u> I.D. NUMBER <u>1288860</u>
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NAME OF FILER

Lula Davis-Holmes For Carson City Council

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)
5/24/12	Everon Hill 20112 Cama Ave Carson, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
5/24/12	Gil Smith 18802 Pepperdine Dr Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
5/24/12	Cliff & Juanita Cannon 19412 Radlett Ave Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
5/24/12	Brenda Ramirez 1246 E. 222nd St Carson, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
5/24/12	Joe Merton 21314 Selwyn Ave Carson, Ca 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
 from 1/1/2012
 through 6/30/2012

CALIFORNIA
 FORM **460**

Page 7 of 1

NAME OF FILER

Lula Davis-Holmes For Carson City Council

I.D. NUMBER

1288860

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)
5/24/12	Anna DeLock 825 E Rodbard St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	300.00	
5/24/12	Clovie Good 17322 Crocker Ave Caeson, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
6/1/12	Drexek Johnson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Young Black Contractors	400.00	400.00	
5/25/12	Dr. Cecioia Johnson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor	250.00	250.00	
5/29/12	Kruger Town Inc 17803 S. Santa Fe Ave Rancho Domingues, Ca 90221	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Towing	1,000.00	1,000.00	
SUBTOTAL \$				2,050.00		

*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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2012</u> through <u>6/30/2012</u>		CALIFORNIA FORM 460
		Page <u>8</u> of <u>11</u>
NAME OF FILER Lula Davis-Holmes For Carson City Council		I.D. NUMBER 1288860

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)
6/1/12	Councilwoman Julie Raber P.O. Box 11145 Carson, Ca 90749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elected Official Councilwoman	100.00	100.00	
6/1/12	David Noflin 1070 E Dominguez Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Printers Owner	100.00	100.00	
5/25/12	Traci King	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				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

Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from 1/1/2012
through 6/30/2012

CALIFORNIA
FORM **460**

Page 9 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

I.D. NUMBER

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 PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(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 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman City of Carson	\$ 26,000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 26,000 DATE DUE	% RATE \$	\$ 54,000 1/11/09 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
Committee to Elect Mike Gipson † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilman City of Carson	\$ 1,000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 1,000 DATE DUE	% RATE \$	\$ 1,000 3-6-07 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
Harry Holmes 959 E. Gladwick Carson, Ca 90746 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$	\$ 3,266	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 3,266 DATE DUE	% RATE \$	\$ 3,266 3/13/12 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
SUBTOTALS \$			3,266 \$		\$	\$	30,266	

Schedule B Summary

- Loans received this period \$ 3,266
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 3,266
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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

Schedule E Payments Made

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

Statement covers period from 1/1/2012 through 6/30/2012		CALIFORNIA FORM 460	
		Page 10 of 11	
		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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Robert Lesley 19919 Alonda Dr Carson, CA 90746	FND	Reimbursement for Funraiser Entertainment	700.00
Chora Events 4101 E Willow St Long Beach, Ca 90815		Catering for Fund Raising Event	832.59
City of Carson 701 E. Carson St Carson, CA 90745	FIL		296.86

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

SUBTOTAL \$ 1,829.45

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 8,721.06
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).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 8,721.06

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

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

SCHEDULE E (CONT.)

Statement covers period

from 1/1/2012

through 6/30/2012

CALIFORNIA
FORM

460

Page 11 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

I.D. NUMBER

1288860

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

OMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

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

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southland Credit Union PO Box 30097 Tampa, Fl	FND			3,250.00
Southland Credit Union PO Box 30097 Tampa, Fl	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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink

SEMI-ANNUAL

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 7

For Official Use Only

RECEIVED
CITY CLERK

JAN 31 PM 4:39

CITY OF CARSON

Statement covers period

from 12/5/12

through 12/31/12

Date of election if applicable

(Month, Day, Year)

3/5/13

SEE INSTRUCTIONS ON REVERSE

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

☒ Officeholder, Candidate Controlled Committee

☐ State Candidate Election Committee

☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee

☐ Controlled

☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement

☒ Semi-annual Statement

☐ Termination Statement

(Also file a Form 410 Termination)

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1353776

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

Friends of Lula Davis-Holmes for Mayor 2013

STREET ADDRESS (NO P.O. BOX)

959 Gladwick St

CITY

Carson

STATE

Ca

ZIP CODE

90746

AREA CODE/PHONE

310-617-7563

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

CITY

STATE

Ca

ZIP CODE

90746

AREA CODE/PHONE

310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

MAILING ADDRESS

19412 Radlett Ave

CITY

Carson

STATE

Ca

ZIP CODE

90746

AREA CODE/PHONE

310-635-5289

NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

MAILING ADDRESS

959 Gladwick St

CITY

Carson

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 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

Date

Executed on

Date

Executed on

Date

Executed on

Date

By

Signature of Treasurer or Assistant Treasurer

By

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

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

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

Statement covers period from 12/5/12 through 12/31/12	CALIFORNIA FORM 460 Page 2 of 7
I.D. NUMBER 1353776	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Lula Davis-Holmes for Mayor 2013

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 12,339.00	\$ 12,339.00
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 12,339.00	\$ 12,339.00
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 12,339.00	\$ 12,339.00

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

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

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 5,615.65	\$ 5,615.65
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 5,615.65	\$ 5,615.65
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 5,615.65	\$ 5,615.65

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0
13. Cash Receipts Column A, Line 3 above	12,339.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	5,615.65
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,723.35

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

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

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
---	----------

Cash Equivalents and Outstanding Debts

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 12/5/12
through 12/31/12

CALIFORNIA FORM **460**

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Lula Davis-Holmes for Mayor 2013

I.D. NUMBER

1353776

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)
12/12/12	SHAK Enterprises Inc 840 Whittier Blvd Montebello, Ca 90640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500	2,500	
12/31/12	Kimberly Weldon 19002 Northwood Ave Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fred Jefferson Memorial Homes	100	100	
2/19/12	Cecilia Jefferson 534 E. Moorehaven Dr Carson, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fred Jefferson Memorial	500	500	
12/31/12	Gwendolyn Stevens 5648 Sunlight Pl Los Angeles, CA 90016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	U. S. Airlines	100	100	
12/31/12	Gil Smith 188002 Pepperdine Dr Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
SUBTOTAL \$				3,300		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 11,500
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 839
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 12,339

*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
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>12/5/12</u> through <u>12/31/12</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>7</u>		
NAME OF FILER Friends of Lula Davis-Holmes for Mayor 2013		I.D. NUMBER 1353776

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)
12/5/12	Ali A. Abgelghoni 626 W Olive Ave Apt D Monrovia, Ca 91016-7107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Contractor	2,000	2,000	
12/5/12	Home Depot Center 18400 Avalon Blvd Carson, Ca 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000	5,000	
12/5/12	Cecilia Fromon 4916 Mt Vernon Dr Los Angeles, Ca 90008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Ocp	500	500	
12/5/12	Dr Avery Hall Hoover Middle School Long Beach, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principle Long Beach School District	100	100	
12/8/12	Birdie Ervin 17528 Rainsburry Ave Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>12/5/12</u> through <u>12/31/12</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>7</u>
NAME OF FILER Friends of Lula Davis-Holmes for Mayor 2013		
		I.D. NUMBER 1353776

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)
12/5/12	Robert Lesley 19213 Alonda Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300	300	
12/31/12	Cathrine MCaria 17639 1/2 Virginia Bellflower, Ca 90706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
12/31/12	Andrew P Goodma 622 Vincent Park Redondo Beach, Ca 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBS Display	100	100	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				500		

*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.

Statement covers period		CALIFORNIA 460	
from	12/5/12	FORM	
through	12/31/12	Page <u>6</u> of <u>7</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Lula Davis-Holmes for Mayor 2013

I.D. NUMBER

1353776

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chase Bank Southbay Pavillion Branch 749820	RFD		512
AT&T Universal Card PO Box 6500 Sioux Falls, SD 57117-6500	LIT		500
4 Aces Carpet 3334 Drew St, Los Angeles, Ca		Office Maintenance	250

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

SUBTOTAL \$ 1,262

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,500.65
2. Unitemized payments made this period of under \$100	\$ 114.91
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 5,615.56

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 12/5/12	through 12/31/12	
		Page 7 of 7
NAME OF FILER		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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Natassia Tai	LIT		150.00
Office Depot 19100 Harbortgate Way Torrance, Ca	OFC		178.65
Voter Guide Slate 6285 E. Spring St Suite 202 Long Beach, Ca 90808		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	CNS		1,500.00
SUBTOTAL \$			4,238.65

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

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COPY

Statement of Organization Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

11 / 21 / 12
Date qualified as committee

RECEIVED
CITY CLERK
Type or print in ink

13 JAN 18 2013
CITY OF CARSON
List I.D. number:

11 / 21 / 12
Date qualified as committee
(if applicable)

☐ Termination - See Part 2
List I.D. number:

Date of Termination

Carson

BS3774

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

NOV 27 2012

DEBRA BOWEN
Secretary of State

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

For Official Use Only

RECEIVED BY
LOS ANGELES COUNTY

2012 DEC 13 AM 11:24

1. Committee Information

NAME OF COMMITTEE

Friends of Lula Davis-Holmes for Carson Mayor 2013

STREET ADDRESS (NO P.O. BOX)

959 E. Gladwick St

CITY

Carson

STATE

Ca

ZIP CODE

90746

AREA CODE/PHONE

310-617-7563

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Clifford Cannon

STREET ADDRESS (NO P.O. BOX)

19412 Radlet Ave

CITY

Carson

STATE

Ca

ZIP CODE

90746

AREA CODE/PHONE

310-635-5289

NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

STREET ADDRESS (NO P.O. BOX)

659 E Gladwick St

CITY

Carson

STATE

Ca

ZIP CODE

90746

AREA CODE/PHONE

310-617-7563

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge 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.

Executed on 11/21/2012

DATE

Executed on 11/21/2012

DATE

Executed on

DATE

Executed on

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

Page 2

I.D. NUMBER

COMMITTEE NAME

Friends of Lula Davis-Holmes 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/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Lula Davis-Holmes	Mayor of Carson	2013	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Chase	310-538-4193	151133380
ADDRESS	CITY	STATE ZIP CODE
20710 Avalon Blvd	Carson	Ca 90746

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

11 / 21 / 12
Date qualified as committee

☒ Amendment

List I.D. number:

11 / 21 / 12
Date qualified as committee
(If applicable)

☐ Termination - See Part 5

List I.D. number:

Date of Termination

AMENDMENT

COPY

STATEMENT OF ORGANIZATION

Date Stamp RECEIVED CITY CLERK 12 NOV 21 PM 5:55 CITY OF CARSON	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

Friends of Lula Davis-Holmes for Carson Mayor 2013

STREET ADDRESS (NO P.O. BOX)

959 E. Gladwick St

CITY

Carson

STATE

Ca

ZIP CODE

90746

AREA CODE/PHONE

310-617-7563

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Clifford Cannon

STREET ADDRESS (NO P.O. BOX)

19412 Radlet Ave

CITY

Carson

STATE

Ca

ZIP CODE

90746

AREA CODE/PHONE

310-635-5289

NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

STREET ADDRESS (NO P.O. BOX)

659 E Gladwick St

CITY

Carson

STATE

Ca

ZIP CODE

90746

AREA CODE/PHONE

310-617-7563

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge 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.

Executed on 11/21/2012

DATE

Executed on 11/21/2012

DATE

Executed on

DATE

Executed on

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

Page 2

I.D. NUMBER

COMMITTEE NAME

Friends of Lula Davis-Holmes 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/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Lula Davis-Holmes	Mayor of Carson	2013	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Chase	310-538-4193	151133380
ADDRESS	CITY	STATE ZIP CODE
20710 Avalon Blvd	Carson	Ca 90746

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

THIS PAGE IS BLANK

Statement of Organization Recipient Committee

Type or print in ink

Statement Type

☒ Initial

Not yet qualified ☐ or

11 / 09 / 12
Date qualified as committee

☐ Amendment

List I.D. number:

11,10,12
Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

Date of Termination

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

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Date Stamp

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12 NOV 14 PM 2:48

CITY OF CARSON

1. Committee Information

NAME OF COMMITTEE

Friends of Lula Davis-Holmes for Carson Mayor 2013

STREET ADDRESS (NO P.O. BOX)

959 E. Gladwick St

CITY STATE ZIP CODE AREA CODE/PHONE

Carson Ca 90746 310-617-7563

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Clifford Canon

STREET ADDRESS (NO P.O. BOX)

19412 Radlett Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Carson Ca 90746 310-635-5289

NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

STREET ADDRESS (NO P.O. BOX)

659 E Gladwick St

CITY STATE ZIP CODE AREA CODE/PHONE

Carson Ca 90746 310-617-7563

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge 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.

Executed on 11/09/2012 DATE

Executed on 11/09/2012 DATE

Executed on DATE

Executed on DATE

By Clifford Canon SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Lula Davis Holmes SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink

SEMI-ANNUAL

COVER PAGE

**CALIFORNIA
FORM**

460

Page 1 of 7

For Official Use Only

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

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

13 AUG -1 AM 7:06

CITY OF CARSON

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure
Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1288860

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

Lula Davis-Holmes For City Council

STREET ADDRESS (NO P.O. BOX)

959 E Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

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 E Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on

7-31-13

Date

Executed on

7-31-13

Date

Executed on

Date

Executed on

Date

By

Clifford Cannon

Signature of Treasurer or Assistant Treasurer

By

Lula D. Holmes

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

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

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

Statement covers period from 1/1/13 through 6/30/13	CALIFORNIA FORM 460 Page 2 of 7 I.D. NUMBER 1288860
---	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmws

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 8,750.00	\$ 8,750.00
2. Loans Received	Schedule B, Line 3	\$ -8,000.00	\$ -8,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 750.00	\$ 750.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 850.00	\$ 850.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 1,600.00	\$ 1,600.00

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 8,700.00	\$ 8,700.00
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 8,700.00	\$ 8,700.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 8,700.00	\$ 8,700.00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 9600.55
13. Cash Receipts	Column A, Line 3 above	750.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	8,700.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1650.55

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

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

Cash Equivalents and Outstanding Debts

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

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from 1/1/13 through 6/30/13	CALIFORNIA FORM 460 Page 3 of 7
---	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes for City Council

I.D. NUMBER

1288860

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)
2/12/13	Kudco Diversified Inc 3127 E. South St. Suite B Long Beach, Ca 90805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
2/8/13	Price Transfer Inc 2790 E. Del Amo Blvd Rancho Dominguez, Ca 90221	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
3/1/13	Watson Land Company 22010 Wilmington Ave Carson, Ca 90745	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
3/4/13	Thomas Safran & Associates 11812 San Vicente Blvd #600 Los Angeles, Ca	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
3/11/13	Mack Kudlar 3127 E. South St Suite B Long Beach, Ca 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bulletin Dislays	250.00	250.00	
SUBTOTAL \$				4,500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,750.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 8,750.00

*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/06)

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.

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/13</u> through <u>6/30/13</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>7</u>		
NAME OF FILER Lula Davis-Holmes for City Council		I.D. NUMBER 1288860

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)
5/2/13	Tesoro Refining & Marketing Co LLC, Refinery 2101 East Pacific Coast Highway Wilmington, Ca 90744	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
5/14/13	MDG & Associates 10722 Arrow route #822 Rancho Cucamonga, Ca 91730	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
5/20/13	Home Depot Center 18400 Avalon Blvd, Suite 100 Carson, Ca 90746	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				4,250.00		

*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 Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from 1/1/13
through 6/30/13

CALIFORNIA FORM 460

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes for City Council

I.D. NUMBER

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(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	\$ 26,259	\$	<input type="checkbox"/> PAID \$ 8,000 <input type="checkbox"/> FORGIVEN	\$ 18,250	% RATE	\$	CALENDAR YEAR PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$	DATE INCURRED	
Committee to Elect Mike Gipson		\$ 1,000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 1,000	% RATE	\$	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$	DATE INCURRED	
Harry Holmes 959 E Gladwick ST Carson, Ca 907463266	Retired	\$ 3,266	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 3,266	% RATE	\$	CALENDAR YEAR PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$	DATE INCURRED	
SUBTOTALS \$		\$	\$ 8,000	\$	22,516	\$		

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 8,000
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (8000)
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*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 from <u>1/1/13</u> through <u>6/30/13</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lula Davis-Holmes for City Council

I.D. NUMBER

1288860

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/4/13	Souther Calif Edison P.O. Box 800 Rosemead, Ca 91770	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2 Dinner Tkts 100 Black Men of Long Beach	150.00	150.00	
5/29/13	Waste Management 1970 E. 213th St Long Beach, Ca 90810	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Dinner	150.00	150.00	
6/25/13	Young Black Contractors 4066 Crenshaw Blvd Suite 7 Los Angeles, Ca 90008	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Food for Fund Raiser	500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 800.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 50.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 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

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.

Statement covers period
from 1/1/13
through 6/30/13

SCHEDULE E
CALIFORNIA
FORM **460**

Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmws

I.D. NUMBER

1288860

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

CTB contribution (explain nonmonetary)*

CVC civic donations

FL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

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

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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 Repayment	8,000.00

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 8,600.00
2. Unitemized payments made this period of under \$100	\$ 100.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 8,700.00

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Form 803

CARSON JAZZ FESTIVAL

COPY

Behested Payment Report

A Public Document

Behested Payment Report

Elected Officer or CPUC Member (Last name, First name) Davis-Holmes, Lula (Council member)		RECEIVED CITY CLERK 13 DEC 30 PM 2:33 CITY OF CARSON	California Form 803 For Official Use Only
Agency Name City of Carson			
Agency Street Address 701 E. Carson Street			
Designated Contact Person (Name and title, if different)			
Area Code/Phone Number 310-952-1000	E-mail (Optional) lholmes959@aol.com	<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Waste Management			
Name			
1970 E. 213th Street	Long Beach	CA	90810
Address	City	State	Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

City of Carson			
Name			
701 E. Carson Street	Carson	CA	90749
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9-2013 (month, day, year)
 Amount of Payment: (In-Kind FMV) \$ 5000 (Round to whole dollars.)

Payment Type:
 ☒ Monetary Donation
 or
 ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.)
 ☐ Legislative
 ☐ Governmental
 ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: Sponsorship on Carson Jazz Festival

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 12/30/13
 By Lula Davis Holmes
 SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

COPY

Behested Payment Report

A Public Document

Behested Payment Report

Elected Officer or CPUC Member (Last name, First name) Davis-Holmes, Lula (Council member)		RECEIVED CITY CLERK 13 DEC 30 PM 2:33 CITY OF CARSON	California Form 803 For Official Use Only
Agency Name City of Carson Agency Street Address 701 E. Carson Street Designated Contact Person (Name and title, if different)			
Area Code/Phone Number 310-952-1000	E-mail (Optional) lholmes959@aol.com	<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Price Transfer

Name

2790 E. Del Amo

Rancho Dominguez

CA

90221

Address

City

State

Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

City of Carson

Name

701 E. Carson Street

Carson

CA

90749

Address

City

State

Zip Code

4. Payment Information (Complete all information.)Date of Payment: 9-2013
(month, day, year)Amount of Payment: (In-Kind FMV) \$ 5000
(Round to whole dollars.)Payment Type: ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.)

☐ Legislative☐ Governmental☒ CharitableDescribe the legislative, governmental, charitable purpose, or event: Sponsorship on Carson Jazz Festival**5. Amendment Description or Comments****6. Verification**

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 12/30/13
DATEBy Lula Davis Holmes
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

COPY

Behested Payment Report

A Public Document

RECEIVED

Behested Payment Report

Elected Officer or CPUC Member (Last name, First name)

Davis-Holmes, Lula (Council Member)

Agency Name

City of Carson

Agency Street Address

701 E. Carson Street

Designated Contact Person (Name and title, if different)

Area Code/Phone Number

310-952-1000

E-mail (Optional)

lhomes959@aol.com

Date Stamp

13 DEC 30 PM 2:30

CITY OF CARSON

California Form 803

For Official Use Only

☐ Amendment (See Part 5)

Date of Original Filing: _____
(month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Clear Channel

Name

19320 Harborage Way Terrance CA 90501

Address

City

State

Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

City of Carson

Name

701 E. Carson Street Carson CA 90749

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9-2013 **Amount of Payment:** (In-Kind FMV) \$ 5000.00
(month, day, year) (Round to whole dollars.)

Payment Type: ☐ Monetary Donation or ☒ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: Billboard Advertisement

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: Carson Jazz Festival

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 12/30/13
DATE

By Lula Davis Holmes
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

COPY

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Davis-Holmes, Lula (Council Member)		Date Stamp RECEIVED CITY CLERK 13 DEC 30 PM 2:33 CITY OF CARSON	California Form 803 For Official Use Only
Agency Name			
City of Carson			
Agency Street Address			
701 E. Carson Street			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	
310-952-1000	lholmes959@aol.com		

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Bulletin Display

Name

3127 E. South St, Suite B Long Beach CA 90805
 Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

City of Carson

Name

701 E. Carson Street Carson CA 90749
 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9-2013 Amount of Payment: (In-Kind FMV) \$ 5000.00
 (month, day, year) (Round to whole dollars.)

Payment Type: ☐ Monetary Donation or ☒ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: Billboard Advertisement

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: Carson Jazz Festival

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 12/30/13
 DATE

By Lula Davis Holmes
 SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

COPY

Behested Payment Report

A Public Document

Behested Payment Report

Elected Officer or CPUC Member (Last name, First name) Davis-Holmes, Lula (Council member)		RECEIVED CITY CLERK Date Stamp 13 DEC 30 PM 2:33 CITY OF CARSON	California 803 Form For Official Use Only
Agency Name			
City of Carson			
Agency Street Address 701 E. Carson Street			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 310-952-1000	E-mail (Optional) lholmes959@aol.com		

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

CBS Outdoor Display

Name

1731 Workman St

Los Angeles

CA

90031

Address

City

State

Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

City of Carson

Name

701 E. Carson Street

Carson

CA

90749

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9-2013
(month, day, year)Amount of Payment: (In-Kind FMV) \$ 5000

(Round to whole dollars.)

Payment Type: ☐ Monetary Donation or ☒ In-Kind Goods or Services (Provide description below.)Brief Description of In-Kind Payment: Billboard AdvertisementPurpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ CharitableDescribe the legislative, governmental, charitable purpose, or event: Carson Jazz Festival

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on

12/30/13
DATE

By

Lula Davis Holmes
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Form 803

CARSON JUNETEENTH
CELEBRATION

COPY

Behested Payment Report

A Public Document

RECEIVED

Behested Payment Report

Elected Officer or CPUC Member (Last name, First name) Davis-Holmes, Lula (Council Member)		Date Stamp 13 DEC 30 PM 2:00 CITY OF CARSON	California Form 803 For Official Use Only
Agency Name City of Carson			
Agency Street Address 701 E. Carson Street			
Designated Contact Person (Name and title, if different)			
Area Code/Phone Number 310-952-1000	E-mail (Optional) lholmes959@aol.com	<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Clear Channel
Name

Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

City of Carson
Name
701 E. Carson Street Carson CA 90749
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 6-2013 Amount of Payment: (In-Kind FMV) \$ 5000.00
 (month, day, year) (Round to whole dollars.)

Payment Type: ☐ Monetary Donation or ☒ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: Billboard Advertisement

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable
 Describe the legislative, governmental, charitable purpose, or event: Carson Juneteenth Celebration

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 12/30/13
DATE

By Lula Davis Holmes
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

COPY

Behested Payment Report

A Public Document

Behested Payment Report

Elected Officer or CPUC Member (Last name, First name) Davis-Holmes, Lula (Council member)		CITY CLERK Date Stamp 13 DEC 30 PM 2:33 CITY OF CARSON	California Form 803 For Official Use Only
Agency Name			
City of Carson			
Agency Street Address 701 E. Carson Street			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 310-952-1000	E-mail (Optional) lholmes959@aol.com	Date of Original Filing: _____ (month, day, year)	

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

CBS Outdoor Display

Name

1731 Workman St Los Angeles CA 90031
 Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

City of Carson

Name

701 E. Carson Street Carson CA 90749
 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 6/20/13 Amount of Payment: (In-Kind FMV) \$ 5000
 (month, day, year) (Round to whole dollars.)

Payment Type: ☐ Monetary Donation or ☒ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: Billboard Advertisement

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: Carson Juneteenth Celebration

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on

DATE

By

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December/09)

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

COPY

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

Davis-Holmes, Lula (Council Member)

Agency Name

City of Carson

Agency Street Address

701 E. Carson Street

Designated Contact Person (Name and title, if different)

Area Code/Phone Number

310-952-1000

E-mail (Optional)

lholmes959@aol.com

RECEIVED

Date Stamp

13 DEC 30 PM 2:33

CITY OF CARSON

California Form 803

For Official Use Only

☐ Amendment (See Part 5)Date of Original Filing: _____
(month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Bulletin Display

Name

3127 E. South St, Suite B Long Beach CA 90805

Address

City

State

Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

City of Carson

Name

701 E. Carson Street

Address

Carson

City

CA

State

90749

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 6/20/13
(month, day, year)Amount of Payment: (In-Kind FMV) \$ 5000.00
(Round to whole dollars.)Payment Type: ☐ Monetary Donation or ☒ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: Billboard Advertisement

Purpose: (Check one and provide description below.)

☐ Legislative☐ Governmental☒ Charitable

Describe the legislative, governmental, charitable purpose, or event:

Carson

Juniata Celebration

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 12/30/13
DATE

By

Lula Davis Holmes

SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FRIENDS OF LULA DAVIS-HOLMES
FOR CARSON MAYOR 2013

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink. **SEMI-ANNUAL**

COVER PAGE

Date Stamp
**RECEIVED
CITY CLERK
13 AUG -1 AM 10:20
CITY OF CARSON**

**CALIFORNIA
FORM 460**

Page 1 of 12

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

Date of election if applicable
(Month, Day, Year)
3/5/13

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1353776

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

Lula Davis -Holmes for Carson Mayor 2013

STREET ADDRESS (NO P.O. BOX)

959 E Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-617-7563</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

MAILING ADDRESS

19412 Radlett Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-635-5289</u>

NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

MAILING ADDRESS

959 E Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-617-7563</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7-31-13
Date

Executed on 7-31-13
Date

Executed on _____
Date

Executed on _____
Date

By Clifford Cannon
Signature of Treasurer or Assistant Treasurer

By Lula Davis Holmes
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By _____
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.

SUMMARY PAGE

Statement covers period from <u>2/17/13</u> through <u>6/30/13</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>12</u> I.D. NUMBER <u>1353776</u>
--	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis Holmes For Carson Mayor 2013

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>18,863</u>	\$ <u>35,194</u>
2. Loans Received	Schedule B, Line 3	<u>0</u>	<u>14,741</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>18,863</u>	\$ <u>49,935</u>
4. Nonmonetary Contributions	Schedule C, Line 3	<u>0</u>	<u>1,100</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>18,863</u>	\$ <u>50,935</u>

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>29,891</u>	\$ <u>50,585</u>
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>29,891</u>	\$ <u>50,595</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>29,891</u>	\$ <u>50,595</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>11,665</u>
13. Cash Receipts	Column A, Line 3 above	<u>18,863</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	<u>29,990</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>538.00</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
------------------------------------	--------------------	----------

Cash Equivalents and Outstanding Debts

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

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

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

CALIFORNIA
FORM **460**

Page 3 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis Holmes For Carson Mayor 2013

I.D. NUMBER

1353776

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)
2/18/13	Waste Management P.O. Box 3027 Houston, Tx 77253	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
2/25/13	Steven Bradford for Assym 2012 id# 1334072 777 S Figueroa St, Suite 4080 Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblyman	1,000.00	1,000.00	
2/25/13	The Related Companies of Calif 18201 Von Karman Ave Suite 900 Irvine Ca 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
2/19/13	Anvil Steel Corp 137 W 168th Street Gardena Ca 90248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.0	
2/27/13	Sinanian Development, INC 18980 Ventura Blvd, Suite 200 Tarzana, Ca 913356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
SUBTOTAL \$				6,500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 15,120.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 3,743
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 18,863

*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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/17/13</u> through <u>6/30/12</u>		CALIFORNIA FORM 460 Page <u>4</u> of <u>12</u>
I.D. NUMBER 1353776		

NAME OF FILER

Lula Davis Holmes For Carson Mayor 2013

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	Leela Sinha	730 Santana Dr Corona Del Mar, Ca 92625-1748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret	100.00	100.00	
3/5/13	Tony Wright-Glenn	603 E University Drive #347 Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fireman	200.00	200.00	
3/5/13	Edrik Mehrabi	1216 Justin Ave Glendale, Ca 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WasteRecycle, Commercial Waste	1,000.00	1,000.00	
2/19/13	Emily M Jones	1915 W 83rd St Los Angeles, Ca, 90047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
3/1/13	Dr Avery Hall	708 Cartagena St Long Beach, Ca 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principle	100.00	100.00	
SUBTOTAL \$					1,500.00		

***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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/17/13</u>		CALIFORNIA FORM 460
through <u>6/30/12</u>		
		Page <u>5</u> of <u>12</u>

NAME OF FILER

Lula Davis Holmes For Carson Mayor 2013

I.D. NUMBER

1353776

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)
2/20/13	Young Black Contractors Association	12543 Blackhorse St Eastvale, Ca 91752	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	
2/18/13	Leela Sinha	730 Santana Dr Corona Del Mar, Ca 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	
2/18/13	Vergie E. Seymore	16912 Belforest Dr Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home Care Provider	100.00	100.00	
2/18/13	Donald & Myra Hall	603B University Dr Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
2/18/13	CATO'S Quality Care Residential	1024 E Helmick St Carson, Ca 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/17/13</u>	CALIFORNIA FORM 460
through <u>6/30/12</u>	
Page <u>6</u> of <u>12</u>	

NAME OF FILER

Lula Davis Holmes For Carson Mayor 2013

I.D. NUMBER

1353776

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)
2/18/13	Waste Management & affiliated entities	915 L Street, Suite 1430 Sacramento, Ca 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
3/14/13	Watson Land Company	22010 Wilmington Ave Carson, Ca 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,500.00	
2/27/13	Clear Channel Worldwide	19320 Harbortgate Way Torrance, Ca 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
2/18/13	Emily Doze Jones	1915 W. 83rd St. Los Angeles, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
2/18/13	Thomas Safran & Assoc	11812 San Vicente Blvd Suite 600 Los Angeles, Ca 90049	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,500.00	
SUBTOTAL \$					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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/17/13</u> through <u>6/30/12</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>12</u> I.D. NUMBER 1353776
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NAME OF FILER

Lula Davis Holmes For Carson Mayor 2013

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)
4/18/13	Santos Batucal 20209 Annalee Ave Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
4/18/13	Nar Paralta 309 W. Fiat St Carson, Ca 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	120.00	120.00	
4/18/13	Lynette Harris 219 Fiat St Carson, Ca 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
3/15/13	Cecilla Jefferson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret	200.00	200.00	
3/13/13	Robert Lesley 19919 Alonda Drive Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	300.00	
SUBTOTAL \$				820.00		

***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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>2/17/13</u> through <u>6/30/12</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>12</u>
--	---

NAME OF FILER

Luia Davis Holmes For Carson Mayor 2013

I.D. NUMBER

1353776

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)
3/23/13	Ionia McDonald 1668 E. Cyrene Dr Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
3/17/13	Mark Kudler	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bulletin Display	250.00	250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				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

Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

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

CALIFORNIA FORM **460**

Page 9 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis Holmes For Carson Mayor 2013

I.D. NUMBER

1353776

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(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 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman City of Carson	\$ <u>14,741</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>14,741</u> DATE DUE _____	_____% RATE \$ _____	\$ <u>14,741</u> DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$				\$ 14,741 \$				

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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

Schedule E Payments Made

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

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

SCHEDULEE
CALIFORNIA
FORM **460**

Page 10 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis Holmes For Carson Mayor 2013

I.D. NUMBER

1353776

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
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lambert Consulting 421 W 33rd Street #206 Long Beach, Ca 90806	CNS		2,100.00
Label Service, Inc 20008 S Normandie Ave Torrance, Ca 90502	LIT		1,200.00
AT&T Universal Card P.O. Box Sioux Fall SD, 57117-6500	CMP		3,900.00

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

SUBTOTAL \$ 7,200

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 29,891
 2. Unitemized payments made this period of under \$100 \$ 99.00
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 29,990**

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>2/17/13</u> through <u>6/30/12</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>12</u>
I.D. NUMBER 1353776	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula 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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Universal Card P.O. Box Sioux Fall SD, 57117	POS			3,000.00
Tarket Marketing 22981 California Azores Mission Viejo, Ca			Robo Calls	319.00
Mailing Pros 5261 Business Dr Hunting Beach, Ca 92649	LIT			4,283.00
Nationwide Pen 111 W Dyer Rd Suite AA Santa Ana, Ca 92707	PRT			715
Foley 13222 Beaver St Sylmar Ca 91342			Campaign Headquarterters Display	1,300.00

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

SUBTOTAL \$ 10,617.00

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>2/17/13</u> through <u>6/30/12</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>12</u>
I.D. NUMBER 1353776	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula 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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Eddie Huang 22715 S Avalon Carson, Ca 90745		Campaign Rental Office	500.00
Voter Guide Slate 6285 E Spring St Suite 202 Long Beach, Ca 90808		Voter Guide Slate	200.00
AT&T Business Services 14575 Presidio Square Houston Tx 77083	PHO		599.28
Adouki And Associates PO Box 3701 Long Beach Long Beach, Ca 90807	SAL		10,594.00
Money Saver	FND		180.49

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

SUBTOTAL \$ 12,074.00

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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

NAME OF FILER Friends of Lula Davis-Holmes for Carson Mayor 2013		Date of This Filing 3/4/2013 13	Date Stamp MAR -4 PM 5:10	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-617-7563	I.D. NUMBER (if applicable) 1353776	Report No. 006	CITY OF CARSON	
STREET ADDRESS 959 Gladwick St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Carson	STATE Ca	ZIP CODE 90746		

1. Contribution(s) Received

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
3/4/2013	Clear Channel Outdoor 19320 Harborage Way Torrance, California 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****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

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

RECEIVED
CITY CLERK
497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis-Holmes for Carson Mayor 2013		Date of This Filing 3/4/2013	Date Stamp 13 MAR -4 PM CITY OF CARSON CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-617-7563	I.D. NUMBER (if applicable) 1353776	Report No. 005	
STREET ADDRESS 959 Gladwick St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Carson	STATE Ca	ZIP CODE 90746	
		No. of Pages 1	

1. Contribution(s) Received

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
3/1/2013	Sinanian Development Inc 18980 Ventura Blvd, Suite 200 Tarzana, Calif 91356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****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

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

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis-Holmes for Carson Mayor 2014		Date of This Filing 2/26/2013	Date Stamp 13 FEB 26 PM 1:50	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-617-7863	I.D. NUMBER (if applicable) 135776	Report No. 004	CITY OF CARSON	
STREET ADDRESS 959 Gladwick St		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Carson	STATE Ca	ZIP CODE 90746		

1. Contribution(s) Received

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
2/25/2013	The Related Companies of California 18201 Von Karman Ave Suite 900 Irvine, California 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/25/2013	Steven Bradford for Assembly 2012 C/o Kaufman Legal Group 777 S. Figueroa St Suite 4050 Los Angeles, California 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblyman State of California	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment:

****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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**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

2ND PRE-ELECTION

Type or print in ink

COPY

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 12

For Official Use Only

Date Stamp

RECEIVED
CITY CLERK

FEB 21 PM 6:02
CITY OF CARSON

Statement covers period
from 1/20/2013
through 2/16/2013

Date of election if applicable:
(Month, Day, Year)
3/5/2013

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1353776

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

Friends tp Elect Lula Holmes for Mayor 2013

STREET ADDRESS (NO P.O. BOX)

959 Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-617-7563</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

MAILING ADDRESS

19412 Radlett Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-635-5289</u>

NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

MAILING ADDRESS

959 Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>Ca</u>	<u>90746</u>	<u>310-617-7563</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1/21/2013
Date

Executed on 1/21/2013
Date

Executed on _____
Date

Executed on _____
Date

By Clifford Cannon
Signature of Treasurer or Assistant Treasurer

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

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

By _____
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.

SUMMARY PAGE

Statement covers period from <u>1/20/2013</u> through <u>2/18/2013</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>12</u>
--	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Lula Davis-Holmes for Mayor 2013

I.D. NUMBER

1353776

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 17,117.00	\$ 16,331.82
2. Loans Received	Schedule B, Line 3	0	14,741.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 17,117.00	\$ 31,072.82
4. Nonmonetary Contributions	Schedule C, Line 3	1,100.00	1,100
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 18,217.00	\$ 32,172.82

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

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$		\$	
21. Expenditures Made	\$		\$	

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 20,694.48	\$ 25,235.53
7. Loans Made	Schedule H, Line 3	0	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 20,694.48	\$ 25,265.53
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	
10. Nonmonetary Adjustment	Schedule C, Line 3	0	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 20,694.48	\$ 25,265.53

Expenditure Limit Summary for State Candidates

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

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 18,401.30
13. Cash Receipts	Column A, Line 3 above	17,117.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	20,694.48
15. Cash Payments	Column A, Line 8 above	14,823.82
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$

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

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

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

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>1/20/2013</u> through <u>2/16/2013</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>12</u>
--	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Lula Holmes for Mayor 2013

I.D. NUMBER

1353776

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)
2/6/13	Eugene C. Anachebe 4535 W. 171 St Lawdale, Ca 90260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret	300.00	300.00	
1/31/13	Chidi Metu 5757 W. Century Blvd #700 Los Angeles, Ca 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	300.00	300.00	
1/21/13	Kelvin Brown 1307 E. Fernrock St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret	100.00	100.00	
1/31/13	Charles E. Ukwu P.O. Box 5367 Carson, Ca 90749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Los Angeles	100.00	100.00	
1/31/13	Universal Wade Systems, Inc P.O. Box 3038 Whitier, Ca 90605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
SUBTOTAL \$				1,300.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 12,359.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 4,758.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 17,117.00

*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 (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/20/2013</u> through <u>2/16/2013</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>12</u>
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NAME OF FILER

Friends to Elect Lula Holmes for Mayor 2013

I.D. NUMBER

1353776

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)
1/31/13	L.A. County Count Dupord Ans 5753 Santa Ann Cyn Rd Suite 508 Anaheim Hills, CA 92807	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
1/28/13	John Contrell PO Box 11262 Carson, Ca 90749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/28/13	Friends of Julie Ruiz Raber PO Box 11145 Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/28/13	Kruger Tow Inc 17803 S Santa Fe Ave Rancho Dominguez, Ca	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
1/28/13	Custom Goods LLC 1035 Watson Center RD Carson, Ca	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	800.00	
SUBTOTAL \$				3,500.00		

*Contributor Codes

IND - Individual

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(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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/20/2013</u> through <u>2/16/2013</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>12</u>
NAME OF FILER Friends to Elect Lula Holmes for Mayor 2013		I.D. NUMBER 1353776

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)
1/28/13	Edison P.O. Box Rosemead, Ca 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
1/31/13	Sybil Lewis Brown 177700 Avalon Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	
1/31/13	Dianne Thomas 20217 Nester Ave Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
2/6/13	Cliff Cannon 19412 Radlett Ave Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	750.00	
1/28/13	Chad Brown 1451 Abbottson St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NFL Official	250.00	250.00	
SUBTOTAL \$				859.00		

*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)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/20/2013</u> through <u>2/16/2013</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>12</u>
I.D. NUMBER 1353776	

NAME OF FILER

Friends to Elect Lula Holmes for Mayor 2013

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)
2/6/13	Creative Development Inc P.O. Box 86933 Los Angeles, Ca 90086	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,250.00	1,250.00	
2/6/13	Fred C Sands VCG Real Estate Management LLC 12611 San Vicente Blvd Suite 1000 Los Angele	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
2/16/13	Waste Management 915 L Street Suite 1430 Sacramento, Ca 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
2/6/13	Sheila D. Tresvant 18848 Pepperdine Dr Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Eng	100.00	100.00	
2/6/13	Conona F Tucker 301 Thatcher Ave River Forest Il 60305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
SUBTOTAL \$				6,600.00		

***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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/20/2013</u> through <u>2/16/2013</u>		CALIFORNIA FORM 460 Page <u>7</u> of <u>12</u>
I.D. NUMBER 1353776		

NAME OF FILER

Friends to Elect Lula Holmes for Mayor 2013

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)
2/6/13	Sybil Brown 17700 Avalon Carson, Ca90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	350.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				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

Schedule B – Part 1 Loans Received

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

SCHEDULE B – PART 1

Statement covers period
from 1/20/2013
through 2/18/2013

CALIFORNIA
FORM **460**

Page 8 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Lula Davis-Holmes for Mayor 2013

I.D. NUMBER

1353776

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(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	\$ 14,741	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 14,741 DATE DUE	% RATE \$	\$ 14,741 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$			\$		\$ 14,741 \$			

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*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)

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from 1/20/2013 through 2/18/2013	CALIFORNIA FORM 460 Page 9 of 12
I.D. NUMBER 1353776	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends to Elect Lula Holmes for Mayor 2013

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
1/21/13	Robert Lesley 19213 Midtown Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	In-Kind Jazz Brunch Band	500.00	500.00	
1/27/13	United Printers 1070 Dominguez St Carson, Ca	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-Kind Flyers	600.00	600.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,100.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 1,100.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$
- 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 \$ 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

Schedule E Payments Made

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

Statement covers period
from 1/20/2013
through 2/18/2013

SCHEDULE E
CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Lula Davis-Holmes for Mayor 2013

I.D. NUMBER

1353776

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
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brandon Enterprises 1434 N Clybourn Ave Suite B Burbank, Ca 91505	FND		300.00
Anna Delouch 825 E. Rabbard St Carson, Ca 90746	TRS		147.00
AT&T Charge Universal Card PO Box Sioux Falls SD, 57117	LIT		2,000.00

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

SUBTOTAL \$ 2,447.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 20,647.89
2. Unitemized payments made this period of under \$100	\$ 46.59
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 20,694.48

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>1/20/2013</u> through <u>2/18/2013</u>		CALIFORNIA FORM 460
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NAME OF FILER Friends to Elect Lula Davis-Holmes for Mayor 2013		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.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Office Depot 19100 Harbortgate 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 202 Long Beach, Ca 90808		Voter Slate Mailer	588.21
AT&T Business Services 14575 Presidio Square Houston, Tx 77083		Office Phones	288.03

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

SUBTOTAL \$ 2429.89

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1/20/2013	
through	2/18/2013	Page 12 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Lula Davis-Holmes for Mayor 2013

I.D. NUMBER

1353776

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MetroPCS PO Box 5119 Carol Stream, IL 60194	PHO		249.34
Adouki and Associates P.O. Box 3701 Long Beach Long Beach Beach, Ca 90807	SAL		7909.00
Lambert 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

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

SUBTOTAL \$ 15,771.00

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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

NAME OF FILER Friends of Lula Davis-Holmes for Carson Mayor 2013		Date of This Filing 2-17-2013	Date Stamp FEB 19 AM 11:20	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-617-7563	I.D. NUMBER (if applicable) 1353776	Report No. 003		
STREET ADDRESS 959 Gladwick St		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Carson	STATE Ca	ZIP CODE 90746	No. of Pages 1	

1. Contribution(s) Received

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
2-15-2013	Waste Management 915 L Street Suite 1430 Sacramento, Ca 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment:

****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

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

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis-Holmes for Carson Mayor 2013		Date of This Filing 2/8/2013	Date Stamp FEB 11 PM 1:43	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-617-7563	I.D. NUMBER (if applicable) 1353776	Report No. 002	CITY OF CARSON	
STREET ADDRESS 959 Gladwick St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Carson	STATE Ca	ZIP CODE 90746	No. of Pages 1	

1. Contribution(s) Received

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
2/7/2013	Creative Development Inc. P.O. Box 86933 Los Angeles, Ca 90086	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****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

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

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER

Friends of Lula Davis-Holmes for Carson Mayor 2013

AREA CODE/PHONE NUMBER

310-617-7563

STREET ADDRESS

959 Gladwick St

CITY

Carson

I.D. NUMBER (if applicable)

1353776

STATE

Ca

ZIP CODE

90746

Date of This Filing

2/6/2013

Report No.

001

☐ Amendment to Report No. (explain below)

No. of Pages

1

Date Stamp

FEB -7 AM 11:32

CITY OF CARSON

CALIFORNIA FORM

497

For Official Use Only

1. Contribution(s) Received

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
2/6/2013	Fred C. Sands VCG Real Estate Management, LLC 12611 San Vicente Blvd, Suite 1000 Los Angeles, Ca	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment:

****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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**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY

Type or print name **IS PRE-ELECTION**

Date Stamp
**RECEIVED
CITY CLERK
JAN 24 AM 10:59
CITY OF CARSON**

CALIFORNIA FORM **460**
Page 1 of 6
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1353776

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

Friends of Lula Davis-Holmes for Mayor 2013

STREET ADDRESS (NO P.O. BOX)

959 Gladwick St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

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

4. Verification

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

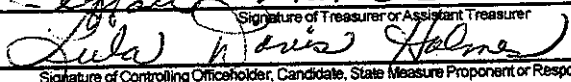
Executed on 1/23/2013
Date

Executed on 1/23/2013
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

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

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

By _____
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.

SUMMARY PAGE

Statement covers period from 1/1/2013 through 1/19/2013	CALIFORNIA FORM 460 Page <u>2</u> of <u>6</u> I.D. NUMBER 1353776
---	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Lula Davis-Holmes for Mayor 2013

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 1,508	\$ 1,508
2. Loans Received	Schedule B, Line 3	14,741	14,741
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 16,249	\$ 16,249
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 16,249	\$ 16,249

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

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

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 4,571.05	\$ 4,571.05
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 4,571.05	\$ 4,571.05
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 4,571.05	\$ 4,571.05

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 0
13. Cash Receipts	Column A, Line 3 above	16,249
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	4,571.05
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 11,677.95

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

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

Cash Equivalents and Outstanding Debts

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

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

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

CALIFORNIA
FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Lula Davis-Holmes for Mayor 2013

I.D. NUMBER

1353776

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)
1/7/13	Ernestine Thurman-Hadley 19526 Campaign Dr Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
1/7/13	Richard A. Hernandez 168 W. 226th St Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/7/13	Eleanor Mack	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/12/13	Frances O. Haywood 17611 Chestnut Dr Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/16/13	Cliff Cannon 19412 Radlett Ave Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	650.00	650.00	
SUBTOTAL \$				1,150.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,150.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 358.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1,508.00

*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/06)

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

Schedule B – Part 1 Loans Received

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

SCHEDULE PART 1

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

CALIFORNIA
FORM 460

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Lula Davis-Holmes for Mayor 2013

I.D. NUMBER

1353776

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 PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis For Carson City Council Committee ID: 1288860 959 E. Gladwick St Carson, Ca 90746 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman City of Carson	\$ 0	\$ 14,741	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 14,741 DATE DUE _____	_____% RATE \$ _____	\$ 14,741 DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
SUBTOTALS \$		14,741 \$	\$ 14,741 \$					

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 14,741
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 14,741
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*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)

Schedule E Payments Made

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

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

CALIFORNIA
FORM

SCHEDULE E
460

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Lula Davis-Holmes for Mayor 2013

I.D. NUMBER

1353776

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
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
At&t Charge Universal Card P.O Box Sioux Falls, SD 57117-6500	CMP		500.00
Mailing Pros 3261 Business Dr Huntington Beach, CA 926649	LIT		3,162.05
Nationwide Printing 111 W. Dyer RD Santa Ana, Ca	LIT		270.00

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

SUBTOTAL \$ 3,932.05

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4,381.05
 2. Unitemized payments made this period of under \$100 \$ 190.00
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 4,571.05**

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

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

SCHEDULE E (CONT.)

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

CALIFORNIA
FORM **460**

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
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.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tony Jackson		Photographer	125.00
MetroPCS P.O. Box 5119 Carol Stream, IL 60197-5119	PHO		324.00

SUBTOTAL \$ 449.00

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEMI-ANNUAL

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

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15 FEB -4 AM 9:29

CITY OF CARSON

Page 1 of 7

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2014
through 12/31/2014

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

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

☒ Officeholder, Candidate Controlled Committee

☐ State Candidate Election Committee

☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Ballot Measure Committee

☐ Primarily Formed

☐ 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

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1288860

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

Lula Davis Holmes for City Council

STREET ADDRESS (NO P.O. BOX)

959 E Gladwick St

CITY STATE ZIP CODE AREA CODE/PHONE

Carson CA 90746 310 617-7563

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

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 E Gladwick

CITY STATE ZIP CODE AREA CODE/PHONE

Carson CA 90746 310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification


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

Executed on 1/29/2015
Date

Executed on 1/29/2015
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

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

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

By _____
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.

SUMMARY PAGE

Statement covers period from <u>7/1/2014</u>	CALIFORNIA FORM 460
through <u>12/31/2014</u>	
Page <u>2</u> of <u>7</u>	

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 B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>2,900.00</u>	\$ <u>3,045.00</u>
2. Loans Received	Schedule B, Line 3	\$ <u>-500.00</u>	\$ <u>-500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>2,400.00</u>	\$ <u>2,545.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>3,550.00</u>	\$ <u>3,562.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>5,950.00</u>	\$ <u>6,107.00</u>

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>2,612.77</u>	\$ <u>3,200.60</u>
7. Loans Made	Schedule H, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>2,612.77</u>	\$ <u>3,200.60</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>3,550.00</u>	\$ <u>3,562.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>6,162.77</u>	\$ <u>6,762.60</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>339.17</u>
13. Cash Receipts	Column A, Line 3 above	\$ <u>2,400.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>-0-</u>
15. Cash Payments	Column A, Line 8 above	\$ <u>2,612.77</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>126.4</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
------------------------------------	--------------------	----------

Cash Equivalents and Outstanding Debts

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

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).

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>7/1/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis Holmes for City Council

I.D. NUMBER

1288860

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)
11/19/2014	Ricky Lewis 1407 W Veina Los Angeles, CA 90062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Battalion LA County Fire Dept	150.00	150.00	
9/18/2014	Gema Verdin 2600 La Crescenta Ave Alhambra, CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	
11/17/2014	Stentorians Los Angeles County 1407 W Vernon Ave Los Angeles, CA 90062	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Black Firefighters Organization	750	750	
12/31/14	Committee to Elect Mike Gipson City of Carson	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loan Forgiven	1,000.00	1,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2,900.00		

Schedule A Summary

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

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

Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period from <u>7/1/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Lula Davis Holmes for City Council	I.D. NUMBER 1288860
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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 PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes 959 E. Gladwick Carson, CA 90746 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman City of Carson	\$ 18,250.00	\$ 500.00	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 18,750.00 DATE DUE _____	_____% RATE \$ _____	\$ 54,000 1/11/09 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
Harry Holmes 959 E Gladwick St Carson, CA 90746 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 3,266.00	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 3,266 DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
Committee to Elect Mike Gipson † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilman	\$ 1,000.00	\$ _____	<input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 1,000.00	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
SUBTOTALS \$ 500.00 \$ 1,000.00 \$ 22,016.00 \$								

Schedule B Summary

1. Loans received this period \$ 500.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$ 1,000.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ -500.00
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

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

** If required.

† Contributor Codes

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

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>7/1/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>7</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis Holmes for City Council

I.D. NUMBER

1288860

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/23/14	Ralph's Food for Less Market Artesia and Wilmington Carson, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Giveaway 75 gift carsa @ \$10ea	750.00	750.00	
11/23/14	Stub Hub Center 18400 Avalon Blvd Carson, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Giveaway 20 gift cards @ \$20 ea	400.00	400.00	
11/23/14	Albertson Grocery Store Sepulveda	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Turkey Giveaway 100 Turkey dinners @ \$20 ea	2,000.00	2,000.00	
12/23/14	Christmas Food Baskets	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Giveaway 20 Ham dinners @ \$20ea	400.00	400.00	
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	3,550.00	

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 3,550.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- 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 \$** 3,550.00

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

Schedule E Payments Made

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

Statement covers period from <u>7/1/2014</u> through <u>12/31/2014</u>		CALIFORNIA FORM	SCHEDULE E 460
		Page <u>6</u> of <u>7</u>	
NAME OF FILER Lula Davis Holmes for City Council			I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis Holmes for City Council

I.D. NUMBER

1288860

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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 summarized on Schedule 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	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2,612.77

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	7/1/2014	
through	12/31/2014	Page <u>7</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
Lula Davis Holmes for City Council		1288860

SEE INSTRUCTIONS ON REVERSE

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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Albertson Grocery Sepulveda		Support Turkey Giveaway	890.10

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

SUBTOTAL \$ 890.00

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink

1ST PRE-ELECTION

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM 460

Page 1 of 1

For Official Use Only

Statement covers period
from 1/1/2015
through 1/17/2015

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

3/3/2015

15 JAN 22 PM 2:42

CITY OF CARSON

SEE INSTRUCTIONS ON REVERSE

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

☒ Officeholder, Candidate Controlled Committee

☐ State Candidate Election Committee

☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Ballot Measure Committee

☐ Primarily Formed

☐ 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

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1288860

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

Lula Davis-Holmes for Carson City Council 2015

STREET ADDRESS (NO P.O. BOX)

959 E Gladwick St

CITY STATE ZIP CODE AREA CODE/PHONE

Carson CA 90746 310-617-7563

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

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 E Gladwick St

CITY STATE ZIP CODE AREA CODE/PHONE

Carson CA 90746 310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

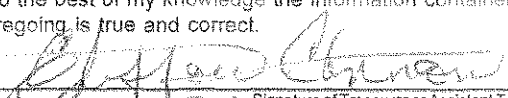
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 01/21/2015
Date

Executed on 01/21/2015
Date

Executed on
Date

Executed on
Date

By 
Signature of Treasurer or Assistant Treasurer

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

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
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.

SUMMARY PAGE

Statement covers period from <u>1/12/2015</u> through <u>1/17/2015</u>	CALIFORNIA FORM 460 Page <u>2</u> of <u>9</u> I.D. NUMBER 1288860
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis Holmes for City Council 2015

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>12,129.55</u>	\$ <u>12,129.55</u>
2. Loans Received	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>12,129.55</u>	\$ <u>12,129.55</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>450.00</u>	\$ <u>450.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>12,579.55</u>	\$ <u>12,579.55</u>

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>731.66</u>	\$ <u>731.66</u>
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>731.66</u>	\$ <u>731.66</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>450.00</u>	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>1,181.66</u>	\$ <u>1,181.66</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>126.01</u>
13. Cash Receipts	Column A, Line 3 above	\$ <u>12,129.55</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	\$ <u>731.66</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>11,524.55</u>

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

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

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

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).

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from 1/12/2015 through 1/17/2015	CALIFORNIA FORM 460
	Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Lula Davis Holmes for City Council 2015	I.D. NUMBER 1288860
--	------------------------

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)
1/12/2015	Dr Cecilla Jefferson 534 Morehaven DR Carson, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner of Group Home	100.00	100.00	
1/12/2015	L.J.Jones 808 E Turmont St Carson, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/12/2015	Eric Forsberg 141 Roycroft Ave Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/12/2015	Glenn Tony Wright 603 E. University Dr #347 Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/12/2015	Emily M Jones 1915 83rd St Los Angeles, CA 90047	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
SUBTOTAL \$				500.00		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 8,225.55
- Amount received this period – unitemized contributions of less than \$100 \$ 3,904.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 12,129.55

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2015</u> through <u>1/17/2015</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

NAME OF FILER Lula Davis-Holmes for Carson City Council 2015	I.D. NUMBER 1288860
---	------------------------

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)
1/12/2015	Dr LeAndrea Robinson 1870 E. Helmeck St Carson CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/12/2015	Diane Thomas 20219 Nestor Ave Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/12/2015	Ernest Butler 20118 Eddington Dr Carson, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/2/2015	R.D. and Carmen Simmons 8945 S Manhattan Pl Los Angeles, CA 90047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REtired	100.00	100.00	
1/2/2015	Andrew Gross 4197 Keystone Ave Culver City, CA 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer	1,000.00	1,000.00	
SUBTOTAL \$				1,400.00		

*Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2015</u> through <u>1/17/2015</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>9</u>

NAME OF FILER Lula Davis-Holmes for Carson City Council 2015	I.D. NUMBER 1288860
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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)
1/12/2015	Oscar B Ramos 21223 Lynton Ave Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/12/2015	Ricky Lewis 1004 Thicke Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/12/2015	Cliff Cannon 19412 Radlett Ave Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/12/2012	Jane Osuna 21207 S. Avalon Sp 144 Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/12/2015	Robert Lesley 19213 Tillman St Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
SUBTOTAL \$				500.00		

***Contributor Codes**

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2015</u>	CALIFORNIA FORM 460
through <u>1/17/2015</u>	
Page <u>6</u> of <u>9</u>	

NAME OF FILER

Lula Davis Holmws for City Council 2015

I.D. NUMBER

1288860

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)
1/12/2015	Kelvin Brown 1397 E Fernrock St Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/2/2015	Gilbert Smith 18802 Pepperdine Dr Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/2/2015	Chad Brown 1451 Abbottson St Carson, Ca 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NFL Official	300.00	300.00	
1/6/2015	Friends to Elect Lula Davis-Holmes for Carson Mayor 2013 Id: 1353776	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Transfer of Campaign Funds	5,275.55	5,275.55	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				5,825.55		

***Contributor Codes**

IND - Individual

COM - Recipient Committee
 (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period from 1/1/2015 through 1/17/2015	CALIFORNIA FORM 460
	Page 7 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis Holmws for City Council 2015

I.D. NUMBER

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(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 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilwoman City of Carson	\$ 18,250	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 18,250 DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
Harry Holmes 959 E Gladwick St Carson, CA 90746 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 3,266	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 3,266 DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$						\$ 21,516	\$	

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

** If required.

† Contributor Codes

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

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>1/12/2015</u> through <u>1/17/2015</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>9</u>	I.D. NUMBER <u>1288860</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lula Davis Holmes for City Council 2015

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
1/10/2015	Herman Decuir 17431 Merimac Ct Carson, CA 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Chickens for Fund Raiser	450.00	450.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	450.00	

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 450.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- 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 \$** 450.00

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

Schedule E Payments Made

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

SCHEDULE E

Statement covers period from <u>1/12/2015</u> through <u>1/17/2015</u>		CALIFORNIA FORM 460
Page <u>9</u> of <u>1</u>		
NAME OF FILER Lula Davis Holmes for City Council 2015		I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Restaurant Depot 19901 Hamilton Ave Torrance, CA	FND	Food for BQ Fund Raiser	548.51
Smart and Final 21600 S Vermont Torrance, CA	FND	Groceries for Fund Raiser	100.66

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

SUBTOTAL \$ 649.17

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 649.17
2. Unitemized payments made this period of under \$100	\$ 82.49
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 731.66

Schedule E Payments Made

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

SCHEDULE E

Statement covers period from <u>1/12/2015</u> through <u>1/17/2015</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>9</u>	I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Restaurant Depot 19901 Hamilton Ave Torrance, CA	FND	Food for BQ Fund Raiser	548.51
Smart and Final 21600 S Vermont Torrance, CA	FND	Groceries for Fund Raiser	100.66

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

SUBTOTAL \$ 649.17

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 649.17
2. Unitemized payments made this period of under \$100	\$ 82.49
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 731.66

497 Contribution Report

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

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis for Carson City Council 2015		Date of This Filing 1/15/2015	Date Stamp 15 JAN 15 PM 6:0 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 617-7683	I.D. NUMBER (if applicable) 1288860	Report No.		
STREET ADDRESS 959 Gladwick St		<input checked="" type="checkbox"/> Amendment to Report No. 2015-001 (explain below)		
CITY Carson	STATE CA	ZIP CODE 90746	No. of Pages 1	

1. Contribution(s) Received

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
1/16/2015	Andrew D Gross 4187 Kaystone Ave Culver City, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

**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

Reason for Amendment: Correct name of Filer and id number

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis-Holmes for City Council 2015		Date of This Filing 1/27/2015	RECEIVED CITY CLERK 15 JAN 28 AM 7:23 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 617-7683	I.D. NUMBER (if applicable) 1288860	Report No. 2015-002		
STREET ADDRESS 959 Gladwick St		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1		
CITY Carson	STATE CA	ZIP CODE 90746		

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
Cover Page

(Government Code Sections 84200-84216.5)

2ND PRE-ELECTION

Type or print in ink

COPY

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Page 1 of 15

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ 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
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1288860

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

Lula Davis-Holmes for Carson City Council 2015

STREET ADDRESS (NO P.O. BOX)

959 E Gladwick St

CITY STATE ZIP CODE AREA CODE/PHONE
Carson CA 90746 310-617-7563

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Clifford Cannon

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 E Gladwick St

CITY STATE ZIP CODE AREA CODE/PHONE
Carson CA 90746 310-617-7563

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 2/18/2015
Date

Executed on 2/18/2015
Date

Executed on
Date

Executed on
Date

By Clifford Cannon
Signature of Treasurer or Assistant Treasurer

By Lula Davis Holmes
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
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.

SUMMARY PAGE

Statement covers period from 1/18/2015 through 2/14/2015	CALIFORNIA FORM 460
Page 2 of 15	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes for Carson City Council 2015

I.D. NUMBER

1288860

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 19,205.00	\$ 31,334.55
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 19,205.00	\$ 31,205.00
4. Nonmonetary Contributions Schedule C, Line 3	0	450.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 19,205.00	\$ 31,784.55

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

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

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 8,945.05	\$ 8,945.05
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 8,945.05	\$ 9,676.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	5,210.00	5,210.00
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 14,155.05	\$ 14,155.05

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 11,524.55
13. Cash Receipts Column A, Line 3 above	19,205.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	8,945.05
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 21,784.50

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
---	----------

Cash Equivalents and Outstanding Debts

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

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

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>1/8/2015</u> through <u>2/14/2015</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>15</u>	I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes for City Council 2015

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)
2/4/2015	Dianne Thomas 20219 Nestor Ave Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	200.00	
2/7/2015	Robert L Lesley 19213 Midtown Ave Carson CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	350.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				350.00		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 13,600.00

2. Amount received this period – unitemized contributions of less than \$100 \$ 5605.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 19,205.00

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/18/2015</u> through <u>2/14/2015</u>		CALIFORNIA FORM 460 Page <u>4</u> of <u>18</u>
NAME OF FILER Lula Davis-Holmes for Carson City Council 2015		
		I.D. NUMBER 1288860

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)
1/27/2015	Nationwide Environmental Services 11914 Front Street Norwalk, CA 90650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
1/27/2015	Certified Roofing Applications P.O. Box 4103 Whittier, CA 90607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
1/27/2015	Johns Sweeper Repair Inc 11914 Front Street Suite B Norwalk, CA 90645	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
1/27/2015	Custom Good 1036 Watson Center Road Carson, Ca 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	
1/27/2015	Margurite Carter 18805 Grambing St Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
SUBTOTAL \$				3,850.00		

*Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/18/2015</u> through <u>2/14/2015</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>16</u>
I.D. NUMBER 1288860		

NAME OF FILER

Lula Davis-Holmes for Carson City Council 2015

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)
1/27/2015	Brenda Ramirez 1246 E. 222nd Street Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
2/9/2015	Anschutz Southern Calif Sports 18400 S. Avalon Blvd, Suite 100 Carson, CA 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.99	
2/9/2015	William A. White 1270 Pacific Avenue Laguna, CA 92651	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
2/9/2015	Voters for Good Gov. c/o David Gould Co 1270 Wilshire Blvd., Suite 1050 B Los Angeles, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
2/9/2015	Sinanian 18900 Ventura Blvd., Suite 200 Tarzana, CA 91356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/18/2015</u> through <u>2/14/2015</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>16</u>
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NAME OF FILER

Lula Davis-Holmes for Carson City Council 2015

I.D. NUMBER

1288860

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)
1/18/2015	Frances Haywood 17611 Chestnut Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/22/2015	Santos Batucal 20209 Annalee Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/22/2015	Harold & Ernestine Hadley 19526 Campaign Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/24/2015	Shelia D. Tresvant 18848 Pepperdine Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
1/24/2015	Vivian Hatcher P.O. Box 11563 Carson, CA 90749-1563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
SUBTOTAL \$				600.00		

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IND - Individual
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 (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
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/18/2015</u> through <u>2/14/2015</u>		CALIFORNIA FORM 460 Page <u>7</u> of <u>2516</u>

NAME OF FILER

Lula Davis-Holmes for Carson City Council 2015

I.D. NUMBER

1288860

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)
2/7/2015	Samuel M. Dacus 19719 Eddington Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
2/7/2015	Lawanda M. Staten 13011 Daleside Avenue Gardena, CA 90249-1704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
2/2/2015	Ionia McDonald 1668 E. Cyrene Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
To 2/4/2015	Tonyia McCrimmon 1010 Horatio Avenue Corona, CA 92882-6150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
1/30/2015	Bobby E. Johnson 16419 Holmes Pl. Cerritos, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
SUBTOTAL \$				500.00		

*Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/18/2015</u> through <u>2/14/2015</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>15</u>
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NAME OF FILER

Lula Davis-Holmes for Carson City Council 2015

I.D. NUMBER

1288860

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)
2/13/2015	Johnn Q. Doung 19320 Harborgate Way Torrance, CA 90501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Clear Channel Outdoor Display	1,0000.00	1,000.00	
1/28/2015	Harry Wilson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
2/4/2015	Rosanna Lo 3716 Stockbridge Avenue Los Angeles, CA 90032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
2/5/2015	David Davis 4234 American Way Rockland, CA 95677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California	100.00	100.00	
2/7/2015	Delilah L. Harris 1111 Hillcroft Road Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harris & Assoc. Attorney at Law	500..00	500.00	
SUBTOTAL \$				1,800.00		

*Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/18/2015</u> through <u>2/14/2015</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>15/16</u>

NAME OF FILER

Lula Davis-Holmes for Carson City Council 2015

I.D. NUMBER

1288860

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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	
2/2/2015	Ideal Metal & Salvage Co. 18700 S. Broadway Garden, CA 90248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
2/6/2015	Edward Payne 6158 Wooster Avenue Los Angeles, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
2/3/2015	Dorothy Pendarvis Bamgboye 24418 Gable Ct Diamond Bar, CA 91765-1464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
2/3/2015	Louis Hooks 1636 E. Fernrock Street Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
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

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CALIFORNIA 460

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in the Davis-Holmes for City Council 2015

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Section B Summary

Loans paid or forgiven this period \$
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also included on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NOT \$** **(may be negative)**
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 S.I. 413-A.

... if required

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group and the experimental group. The control group was divided into two subgroups: the control group and the experimental group. The experimental group was divided into two subgroups: the control group and the experimental group.

IND = Individual; COM = Any kind of Community other than PTY or SCC; OTH = Other; PTY = Political Party; SCC = Small Community Council

SPR 2000 AG (1998/99)

It is important to note that the above results are based on the assumption that the system is in a steady state. In reality, the system may exhibit transient behavior due to changes in input or output conditions. This paper focuses on the steady-state analysis, which provides valuable insights into the long-term performance of the system.

Schedule E
Payments to Third Parties

Type or print in ink.
Amount may be entered
in whole dollars.

Start of reporting period 1/5/2015	CALIFORNIA FORM 460 Page 11 of 16 I.D. NUMBER 1288860
End of reporting period 2/14/2015	

SEE INSTRUCTIONS ON REVERSE
PAGE OF FORM

Uma Davis-Holmes

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

100 campaign personnel (including	300 merchandise and other	600 radio, TV, and production costs
110 campaign consultants	310 mailings and appearances	610 radio and production costs
120 candidate or office administration	320 office expenses	620 "on the ground" workers' expenses
130 other donations	330 political consulting	630 TV or cable (including production costs)
140 candidate "flyers" and faxes	340 phone banks	640 candidate's travel, lodging, and meals
150 fundraising events	350 polling and survey research	650 staff or volunteer travel, lodging, and meals
160 independent expenditure supporting/opposing others (explain)	360 postage, delivery and courier services	660 in-state telephone calls of the same candidate/partisan
170 legal and ethics	370 professional services (legal, accounting)	670 voter registration
180 campaign literature and mailings	380 print ads	680 other technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF ONE LISTED, ALSO ENTER I.D.#-P#)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
National Pan Dept 27501, P.O. Box 5000 Detroit, MI 48256-2745	OFC			386.27
Cliffboard P.O. Box 6500 Sioux Falls, SD 57117	LIT			610.27
Lambert Adouk 421 W 33rd St Long Beach, CA 90806	CNS			2,500.00

Payments that are unallowable or not permitted by the Campaign Finance Act shall be categorized on Schedule D.

Subtotal \$ 3,496.54

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 8,620.07
2. Unreported payments made this period of under \$100	\$ 174.96
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 8,795.05

DECLARATION BY
(Candidate or Sponsor)
Payments Made

For the period from
1/18/2015 to 2/14/2015

From 1/18/2015
To 2/14/2015

CALIFORNIA
FORM 460
Page 12 of 16
ID NUMBER
1208860

SEE INSTRUCTIONS ON REVERSE
OF FORM

Lula Davis-Holmes for City Council 2015

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

- | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|-------------------------|--|--------------------|---------------------------------|------------------------|---|--------------------|---------------------------------|---------------------------|-------------------------------|---------------------------|-------------------------|-----------------|---------------------------------|---|---|---------------|------------------------------------|-----------------------------|--------------------------------|--|--------------------------------|--------------------------------|--|---------------|--|
| 100 campaign materials and travel | 200 campaign home phone | 300 contribution (excluding household use) | 400 cash donations | 500 campaign filing/ballot fees | 600 fundraising events | 700 independent expenses (excluding any other code) | 800 legal services | 900 campaign files and writings | ADN direct administrative | MTG meetings and appointments | OPC office transportation | PER personal consulting | PHO phone bills | POL polling and survey research | POS printing, delivery and postage services | PRO professional services (legal, accounting) | PRV print ads | RAD radio, TV, and publication ads | REL religious and political | SAL campaign workers' salaries | TEL telephone calls and other services | TRC travel, lodging, and meals | TRF travel, lodging, and meals | TRF travel, lodging, and meals of the same household | VCH volunteer | WCH website, printing, costs (internet, email) |
|-----------------------------------|-------------------------|--|--------------------|---------------------------------|------------------------|---|--------------------|---------------------------------|---------------------------|-------------------------------|---------------------------|-------------------------|-----------------|---------------------------------|---|---|---------------|------------------------------------|-----------------------------|--------------------------------|--|--------------------------------|--------------------------------|--|---------------|--|

PAYEE AND ADDRESS OF PAYEE (IF COMMERCE, ALSO ENTER ID NUMBER)	CODE	OR	DATE	AMOUNT OF PAYMENT	AMOUNT PAID
Jennifer Pruitt 4226 E 4th St #14 Long Beach, Ca 90814	PHO				253.00
Vashti Allen Sam 2560 E Carson St Carson, CA 90810	PHO				253.00
Orlinda Gonzalez 5321 Olive Ave Long Beach, Ca 90805	PHO				231.00
Reynaldo Rodriguez 500 E Pulpia, St Apt 25 Long Beach, CA 90805	PHO				77.00
Mykese Brown 1100 E Palmer St Compton, CA 90221	PHO				44.00

SUBTOTAL \$ 858.00

For payments that are contributions or independent expenditures must also be summarized on Schedule D.

PPC Form 460 (June/04)

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Schedule E
(Continuation Sheet)
Payments Made

Transfer from Schedule A
or Schedule B, line 10, or from line 11

1/8/2015
2/14/2015

CALIFORNIA FORM 460
Page 13 of 16
ID NUMBER
1289050

Include this amount on Schedule E
and Form 460

Lula Davis 1/1/15

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

- AM campaign pamphlet distribution
- NS campaign newspaper
- CA contribution (explain contribution)
- CA civil donations
- CA campaign travel and meals
- CA fundraising events
- CA independent expenditure supporting/opposing certain candidates
- CA legal defense
- CA campaign literature and mailings

- MEM membership dues
- MIS printing and reproduction
- OFF office expenses
- PHI public information
- PHO polling and survey research
- POS postage, delivery, and receiving services
- PRO professional services (legal, audit, etc.)
- PRP print ads

- RAD radio, video, and production costs
- REP letterhead correspondence
- SAL campaign workers' salaries
- TTL tv, radio, cable, "line" and production costs
- TRC transportation (travel, lodging, and meals)
- TRF telephone travel, lodging, and meals
- TRM transfer payment on behalf of the same credit or sponsor
- VOT voter registration
- WEB website development costs (hosting, etc.)

NAME AND ADDRESS OF PAYEE (If committee, also enter ID number)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Isidro R. Ruiz 2207 Redra Ave Long Beach, CA 90815	PHO		77.00
Carlos Ortega 1409 Genota Ave Unit C Long Beach, CA 90813	PHO		269.00
Vito Polanco 1435 E. Hickman Ct Long Beach, CA 90813	PHO		198.00
Jellie Khum 2618 E Spaulding St Long Beach, CA 90807	PHO		154.00
Gregory Litman M.D. 6247 M.G. St Long Beach, CA 90808	PHO		121.00

SUBTOTAL \$ 803.00

* Payments of campaign expenses exceeding \$100 must be accompanied by a receipt or other proof of payment.

PPC Form 460 (10/03)

PPC 600 Form 460/PPC 600/PPC 600

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>1/18/2015</u> through <u>2/15/2015</u>		CALIFORNIA FORM 460 Page <u>14</u> of <u>15/16</u> I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.

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

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

SUBTOTAL \$ 1,219.75

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period: from <u>1/18/2015</u> through <u>2/15/2015</u>		CALIFORNIA FORM 460 Page <u>15</u> of <u>13/6</u> I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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		Campaign Office Rental	500.00

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

SUBTOTAL \$ 2,242.78

Schedule F

Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 1/18/2015
through 2/15/2015

CALIFORNIA
FORM **460**

Page 16 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes for City Council 2015

I.D. NUMBER

1288860

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
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Cliticard P.O. Box 6500 Sioux Falls, SD 57117	LIT	11,401.00	5,360.00		6,041.00
		SUBTOTALS \$	11,401.00 \$	5,360.00 \$	\$ 6,041.00

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 5,360.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 5,360.00
May be a negative number

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis-Holmes for Carson City Council 2015			Date of This Filing 2/10/2015	RECEIVED CITY CLERK 15 FEB 10 AM 10:31 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 617-7683	I.D. NUMBER (if applicable) 1288860		Report No. 2015-003		
STREET ADDRESS 959 Gladwick St			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Carson	STATE CA	ZIP CODE 90746	No. of Pages 2		

1. Contribution(s) Received

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
2/9/2015	Anschutz Southern Calif Sports 18400 South Avalon Suite 100 Carson, Calif 90746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/9/2015	William A. Witte 1270 Pacific Ave Laguna Beach, California 92651	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/9/2015	Voters for Good Government c/o David Gould Company 3700 Wilshire Blvd Suite 1050 B Los Angeles, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

**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

Reason for Amendment: _____

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis-Holmes for Carson City Council 2015			Date of This Filing 2/10/2015	RECEIVED Date Stamp CITY CLERK 15 FEB 10 AM 10:31 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 617-7683	I.D. NUMBER (if applicable) 1288860		Report No. 2015-003		
STREET ADDRESS 959 Gladwick St			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Carson	STATE CA	ZIP CODE 90746	No. of Pages 2		

1. Contribution(s) Received

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
2/9/2015	Sinanian 18900 Ventura Blvd Suite 200 Tarzana, CA 91356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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497 Contribution Report

COPY

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

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis Holmes for Carson City Council 2015		Date of This Filing 2/13/2015	RECEIVED CITY CLERK 15 FEB 17 AM 8:09 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)617-7683	I.D. NUMBER (if applicable) 1288860	Report No. 2015-004		
STREET ADDRESS 959 Gladwick St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Carson	STATE Ca	ZIP CODE 90746		

1. Contribution(s) Received

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
2/12/2015	John Q. Doung 19320 Harborage Way Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President, Clear Channel Outdoor Display	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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Reason for Amendment: _____

497 Contribution Report

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

ORIGINAL

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis-Holmes for City Council 2015		Date of This Filing 2/24/2015	REC (Date Stamp) CITY CLERK 15 FEB 24 AM 11:14 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 617-7683	I.D. NUMBER (if applicable) 1288860	Report No. 2015-005		
STREET ADDRESS 959 Gladwick St		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Carson	STATE CA	ZIP CODE 90746		

1. Contribution(s) Received

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
2/23/2015	Nadia Khalil Bedwan 8226 Halford Street San Gabriel, CA 90175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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497 Contribution Report

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

COPY

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis-Holmes for City Council 2015		Date of This Filing 3/2/2015	Date Stamp RECEIVED CITY CLERK 15 MAR -2 PM 12:42	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 617-7683	I.D. NUMBER (if applicable) 1288860	Report No. 2015-007	<input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1 of 2	
STREET ADDRESS 959 Gladwick Street				
CITY Carson	STATE CA	ZIP CODE 90746		

1. Contribution(s) Received

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
2/27/2015	Southern California Pipe Trades District Council 16 PAC ID 760715 501 Shatto Place Suite 16 Los Angeles, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/27/2015	UA Journeymen & Apprentices Local 250 18355 S. Figueroa Street Gardena, CA 90248	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/27/2015	Christopher Townsend Townsend Family Trust 26022 Horseshoe Circle Laguna Hills, CA 92653-6148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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