Recipient Committee **Campaign Statement** Cover Page

Executed on _

Type or print in Internal ANNUAL

01/01/2014

Date Stamp

2001/02E(o)F(I)

COVER PAGE

(Government Code Sections 84200-84216.5)

RECEIVED MITY CLERK Statement covers period Date of election if applicable: (Month, Day, Year) 15

Signature of Controlling Officeholder, Candidate, State Measure Proponent

CALIFORNIA 16

from For Official Use Only CITY OF CARSON 03-03-15 12/31/2014 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement Officeholder, Candidate Controlled Committee Quarterly Statement ☐ Ballot Measure Committee () State Candidate Election Committee O Primarily Formed Semi-annual Statement Special Odd-Year Report ○ Recall Controlled Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored Statement - Attach Form 495 Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1374271 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Friends to Elect Monica Cooper Carson City Treasurer Monica Cooper MAILING ADDRESS 19526 Eddington Drive STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 90746 Ca 562 440 8877 19526 Eddinaton Dr. Carson NAME OF ASSISTANT TREASURER, IF ANY CITY AREA CODE/PHONE STATE ZIP CODE 90746 562 440 8877 Ca Carson MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS ZIP CODE AREA CODE/PHONE AREA CODE/PHONE CITY CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 01/22/2015 Executed on Date Signature of Treasurer or Assistant Treasurer 01/22/2015 Executed on __ sible Officer of Sponsor Executed on ... Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Page .		_ of _	10	[

Officeholder or Candidate Controlled Committee	6.	Ballot Measure Comm	ittee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		243 MH-24	
Monica Cooper					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
City of Carson Treasurer		2000		AMARIA (AMARIA)	<u></u>
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		Identify the controlling of	iceholder, ca	ndidate, or state measu	re proponent, if any
19526 Eddington Drive, Carson Ca 90746		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PI	ROPONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT N	IO. IF ANY
COMMITTEE NAME I.D. NUMBER					
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Con which this committee is prin			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					
CITY STATE ZIP CODE AREA CODE/PHONE		Atta	ch continuat	ion sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Stateme	ent covers period 01/01/2014	CALIFO FOR	RNIA M	460
through	12/31/2014	_ Page3	of _	16
		I.D. NUMB	ER	
		40**40**4		

SUMMARY PAGE

NAME OF FILER Friends To Elect Monica Cooper Carson City Treasurer 1374271 Calendar Year Summary for Candidates Column A Column B Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED/SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ __ 7/1 to Date 1/1 through 6/30 2. Loans Received Schedule B. Line 3 20 Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ___ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made** Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 **Current Cash Statement** To calculate Column B. add amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ ___ FPPC Form 460 (June/01) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _ FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

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CALIFORNIA 460

FPPC Toll-Free Helpline: 866/ASK-FPPC

Statement covers period

from .

01/01/2014

EE INSTRUCTIO	DNS ON REVERSE	through 12/31/2014		Page .	4 of16			
AME OF FILER	Elect Monica Cooper Carson City Treasurer					1.D. NU		_
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	250
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			SUBTOTAL	\$				
. Amount re (Include a . Amount re . Total mone	A Summary eceived this period – contributions of \$100 or more. Ill Schedule A subtotals.) eceived this period – unitemized contributions of less the etary contributions received this period.	an \$100	\$	<u></u>	IND COM OTH PTY	(other i I – Other – Political	al ent Committee than PTY or SCC)	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$_	- 4		FDD	C Form 460 / June/0	4)

Schedule A (Continuation Sheet) Monetary Contributions Received

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

OUTEDULE A TOOM.	SCHEDULE A	(CONT.
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Monetary Contributions Received		Amounts may l to whole d			vers period 01/2014 /31/2014	CALIFORNIA 460 FORM 5 of 16		
NAME OF FILER	Flort Manies Cooper Caroon City Trace					1.D. NUM		
Friends 10	Elect Monica Cooper Carson City Treasurer	UGDDSSE214450131451145520455145551555	nerias serias serias de la composición		uma san sansan an a	13/42	/ 	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
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		□IND □COM □OTH □PTY □SCC		af		·		
			SUBTOTAL	\$				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

-SCF	1	11 7	- 5	ms	OT

Schedule R - Part 1

Type or print in ink.

Statement covers period

Loans Received	Amo	ounded 'S.		from01/0	1/2014	FORM 460			
EE INSTRUCTIONS ON REVERSE			AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		through12/3	31/2014	Page 6	of16	
AME OF FILER							1374271		
Friends To Elect Monica Cooper Carson	City Treasurer		zanicom troppozaron za propozacio de la comita	<u> Zanamarkaning kanggarang kanggarang </u>				uppe anne utilizanje similari manimi in in	
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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
				☐ PAID	- Control of the Cont			CALENDAR YEAR	
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		SUBTOTALS S	\$ 0	\$ 0	\$	\$ 0			
Caladala D Campana	-					(Enter (e) on Scheduls E, Line 3)			
Schedule B Summary				•				CALCON MATERIAL .	
Loans received this period (Total Column (b) plus unitemized loans						-		rgiven or paid by y also must be Schedule A	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100) paid or forgiven.)			\$		-	** If required.		
(Include loans paid by a third party that	t are also itemized on Sche	dule A.)			oh		<u> </u>		
 Net change this period. (Subtract Line Enter the net here and on the Summar 	e 2 from Line 1.)			. NET \$	May be a negative number)				
	y 1 030, 00101111111, 1110 2.)			
† Contributor Codes								100 (1 (**)	

Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2014 CALIFORNIA 460 FORM 12/31/2014 Page 7 of 16

I.D. NUMBER 1374271

RUCTIONS ON REVERSE						
FILER					I.D. NUMBER	₹
ds To Elect Monica Cooper Carson (City Treasurer				1374271	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
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			SUBTOTA	L's M	Enter on Summary Page, Line 17 only.	

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period **CALIFORNIA** 01/01/2014 E(0) 24/ from

NAME OF FILER	E INSTRUCTIONS ON REVERSE ME OF FILER Friends To Elect Monica Cooper Carson City Treasurer						through12/31/2014		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMSER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 -	TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
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		□IND □COM □OTH □PTY □SCC			THE PARTY OF THE P				
		□IND □COM □OTH □PTY □SCC							
Attach additi	onal information on appropriately labe	eled continuati	ion sheets.	SUBTO	TAL \$				
	Summary selved this period – nonmonetary contribu	utions of \$100 c	or more.				IND-	tributor Code	es

Sc	chedule	C	Sum	mar	У		

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

3. Total nonmonetary contributions received this period. COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

	Stateme	ent covers period	CALIF	OEVI		HEDULE	: L
	from	01/01/2014	Fo	ŘМ	. /4	(6)	
ACCRETE AND DESCRIPTION OF PURSUE	through _	12/31/2014	Page _	9	_ of _	16	
1			I.D. NU	MBER			
			137427	71			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends To Elect Monica Cooper Carson City Treasurer

Friends i	o Elect Monica Cooper Carson City Treasurer				IO/TE/	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL \$			

Schedule D Summary

Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
 Unitermized contributions and independent expenditures made this period of under \$100
 Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print in Amounts may be ro to whole dollar	ounded	Statement cover from01/01/2 through12/31	2014	CALIFO FOR Page _	10 of 16
NAME OF FILER Friends To	o Elect Monica Cooper Carson City Treasurer					1.D. NUMI	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					
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				SCHEDUL
Schedule E	Type or prin Amounts may I		Statement covers period	CALIFORNIA / S
Payments Made	to whole dollars.		from01/01/2014	FORM
SEE INSTRUCTIONS ON REVERSE			through 12/31/2014	Page of16
NAME OF FILER				I.D. NUMBER
Friends To Elect Monica Cooper Carson City Treasurer				1374271
CODES: If one of the following codes accurately describes 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 com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and sepostage, del	munications d appearances nses llating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures m	nust also be summ	narized on Schedule D.	. SU	IBTOTAL\$
Schedule E Summary				

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

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

Schedule			
Accrued	Expenses	(Unpaid	Bills)

Type or print in lnk.

CALIFORNIA A CA Statement covers period

Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	from01/01/2014	FORM 40U
•		through 12/31/2014	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			LD, NUMBER
Friends To Elect Monica Cooper Carson City Treasu	rer		1374271
CODES: If one of the following codes accurately de-	scribes the payment, you may enter the co		
CMD compaign parapharpalia/misc	MRR member communications	RAD radio airtime and production	on costs

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 a RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries time and production cosel, lodging, and meals avel, lodging, and meals en committees of the sa	ame candidate/sponsor
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
			,		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$.	\$

Schedule F Summary

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

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

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

Schedule	grade gasa
(Continua	ition Sheet)
Accrued	Expenses (Unpaid Bills)

legal defense

campaign literature and mailings

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA / CA
from01/01/2014	FORM GOU
through12/31/2014	Page 13 of 16
	I.D. NUMBER
*	1374271

transfer between committees of the same candidate/sponsor

NAME OF FILER Friends To Elect Monica Cooper Carson City Treasurer CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs campaign paraphernalia/misc. MBR member communications MTG meetings and appearances returned contributions CNS campaign consultants campaign workers' salaries office expenses SAL contribution (explain nonmonetary)* **OFC** CTB t.v. or cable airtime and production costs CVC civic donations petition circulating candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals fundraising events POL polling and survey research TRS

postage, delivery and messenger services

professional services (legal, accounting)

PRT

print ads

TSF

VOT

voter registration

WEB information technology costs (internet, e-mail)

independent expenditure supporting/opposing others (explain)*

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
			·		
	SUBTOTALS	\$	\$	\$	s ()

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

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

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from01/01/2014	FORM 45U
through 12/31/2014	Page 14 of 16
	I.D. NUMBER
	1374271

VOT voter registration

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends To Elect Monica Cooper Carson City Treasurer

NAME OF AGENT OR INDEPENDENT CONTRACTOR

	,				· •
CIVIP	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)
LIT campaign literature and mailings PRT print ads

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

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

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

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

Schedule H Loans Made to Others*		Amounts m	print in ink. ay be rounded le dollars.		Statement cov	ers period 1/2014	CALIFORN FORM	11A 460
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2014	Page 15	of16
NAME OF FILER							I.D. NUMBER	
Friends To Elect Monica Cooper Cars	on City Treasurer						1374271	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES: THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(n) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$ FORGIVEN	\$	RATE	\$	CALENDAR YEAR S PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID s FORGIVEN	. s	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.	late or committee s forgiven must	SUBTOTALS	\$	s	\$	\$		
						(Enter (e) on Schedule I, Line 3		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	less than \$100.)							**If Required
Payments received on loans (Total Column (c) plus unitemized paym	nents less than \$100.)				\$	\mathcal{A}		
3. Net change this period. (Subtract Line (Enter the net here and on the Summa)	e 2 from Line 1.)ry Page, Column A, Line 7.))	· ·		NET \$	y be a negative number	(()	

Schedule I		Type or print in ink.		SCHEDULE				
Miscellaneous Inc	reases to Cash	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460				
			from01/01/2014	FORM				
OFF WORD LOTIONS ON DEVEN			through12/31/2014	Page1616				
SEE INSTRUCTIONS ON REVER: NAME OF FILER	55			I.D. NUMBER				
Friends To Elect Mo	onica Cooper Carson City Treasurer			1374271				
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH				
				·				
Attach additional inforr	nation on appropriately labeled continuation sheets.		SUBTOTA	\L \$				
Schedule I Summa	rv							
	f \$100 or more this period		\$	·········				
	es to cash under \$100 this period							
3. Total of all interest re	eceived this period on loans made to others. (Sch	edule H, Column (e).)	\$					
4. Total miscellaneous Summary Page, Lin	increases to cash this period. (Add Lines 1, 2, a e 14.)	nd 3. Enter here and on the	TOTAL \$					
			√ FPPC 1	FPPC Form 460 (June/01) 'oll-Free Helpline: 866/ASK-FPPC				

Schedule A **Monetary Contributions Received**

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

SCHEDULE A

Monetary	Contributions Received		s may be rounded whole dollars.	Statement	t covers period 1/01/2015		california 460 form		
SEE INSTRUCTIO	ONS ON REVERSE			through	1/17/2015	Page			
NAME OF FILER						1.D. N 1374	UMBER 271		
Friends To	Elect Monica Cooper Carson City Treasurer				KATUU MAA	(0)			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED TH PERIOD	HIS CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					<u>.</u>		
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		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC				- 100			
			SUBTOTAL	\$					
1. Amount re	A Summary eceived this period – contributions of \$100 or more. Il Schedule A subtotals.)		\$_				1		
•	eceived this period – unitemized contributions of less th					OTH – Öther PTY – Politic			
3. Total mon-	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu					SCC – Small	Contributor Committee		

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in link.
Amounts may be rounded

SCH	EDUL	E A	(CONT

Monetary	Contributions Received	Amounts may l to whole d		rrom	7/2015		FORNIA 460 DRM 5 of 16
NAME OF FILER						I.D. NU	MBER
Friends To	Elect Monica Cooper Carson City Treasurer	WZZNEW 44000 W W W W W W W W W W W W W W W W				13742	271
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER J.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR N (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
A A A A A A A A A A A A A A A A A A A		□IND □COM □OTH □PTY □SCC				The second secon	
		□IND □COM □OTH □PTY □SCC				n Ay James II A A A A A A A A A A A A A A A A A A	_
		IND COM OTH PTY SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$			= 1 ²⁴ AV 112

*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

Schedule B - Part 1

Type or print in ink. Amounts may be rounded

Statement covers period	CALIFORNIA JOS
from1/01/2015	FORM 46U
through1/17/2015	Page 6 of 16

Loans Received		to whole dollar		T T T T T T T T T T T T T T T T T T T	from1/0	1/2015	FORM 460		
SEE INSTRUCTIONS ON REVERSE				Acquire que de la cale	through1/1	17/2015	Page 6	of16	
NAME OF FILER							I.D. NUMBER		
Friends To Elect Monica Cooper Carson	City Treasurer						1374271		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER (.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 PAII OR FORGIVE THIS PERIOL	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Monica Cooper 19526 Eddington Dr Carson, Ca 90746	Self-Employed			PAID s FORGIVEN	s950.00	O %	§ <u>950.00</u>	\$ 950.00 PER ELECTION**	
† M IND □ COM □ OTH □ PTY □ SCC		s0	s 950.00	\$0	none DATE DUE	s	01/15/2015 DATE INCURRED	\$	
				PAID \$ FORGIVEN	\$	RATE %	s	SPER ELECTION ***	
t IND COM OTH PTY SCC	V	\$	\$	S	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR	
				\$ FORGIVEN	\$	RATE	\$	\$ PER ELECTION ***	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	950.00 \$		950.00	\$ 0			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		A1A11A-	
Loans received this period (Total Column (b) plus unitemized loans		.,,		\$	950.00			given or paid by	
 Loans paid or forgiven this period	oaid or forgiven.)			\$	0		reported on \$ ** If required.		
3. Net change this period. (Subtract Line 2 Enter the net here and on the Summary				NET \$	950.00 May be a negative number)				

Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

 Statement covers period from 1/01/2015	california 460
through1/17/2015	Page7 of16
 Language	I.D. NUMBER
	1374271

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AME OF FILER		Alle Alle Alle Alle Alle Alle Alle Alle			I.D. NUMBER	l
Friends To Elect Monica Cooper Carson	City Treasurer		No. of the control of	3 Nov. 40 Nov. 4	1374271	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER		CALENDAR YEAR	
	Сом				S	
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			47///		CALENDAR YEAR	
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	L1				·	
			SUE	STOTAL \$	Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

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

SEE INSTRUCTION	NS ON REVERSE				thro	ıgh1/17/20)15	Page	8 of
NAME OF FILER						11 - 200 - 2		I.D. NUMB	ER .
Friends To	o Elect Monica Cooper Carson City Tr	easurer						137427	1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 - I	re R Year	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC			The state of the s			70070001	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			The state of the s				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach additi	ional information on appropriately lai	beled continuati	ion sheets.	SUBTO	TAL \$		9		
1. Amount rec	C Summary beived this period – nonmonetary contributions of the Schedule C subtotals.)				\$		IND - COM		es Committee in PTY or SCC)

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

 OTH - Oth

PTY - Political Party

SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other

Type or print in ink. Amounts may be rounded

	Stateme	nt covers period	CAULE	OBMI	30.	LDUL	
	from	1/01/2015	Fe	RM	- 4		
	through	1/17/2015	Page _	9	_ of _	16	
1			I.D. NU	MBER			
			407407	~ .			

to whole dollars. Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends To Elect Monica Cooper Carson City Treasurer 1374271 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS DATE TYPE OF PAYMENT CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Oppose Support ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure Support Oppose Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support Oppose SUBTOTAL \$ Schedule D Summary 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)\$ 2. Unitemized contributions and independent expenditures made this period of under \$100\$

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 1/01/2015 through 1/17/2015		SCHEDULED (CONTINUED CONTINUED CONTI		
NAME OF FILER	Et al Sálvia - Conner Corner City Fragueror					1.D. NUMI		
FRIENDS 10	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - E	E TO DATE R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure						
			SUBTOTA	AL \$	-			

Schedule E Payments Made	Type or prin Amounts may to whole	be rounded	Statement covers period from 1/01/2015	california 460
SEE INSTRUCTIONS ON REVERSE			through1/17/2015	Page of16
NAME OF FILER Friends To Elect Monica Cooper Carson City Treasurer				1.D. NUMBER 1374271
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LET campaign literature and mailings	MBR member cor MTG meetings ar OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearances enses ulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	duction costs ad meals and meals as of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
				·
* Payments that are contributions or independent expenditures n	nust also be sumi	marized on Schedule D.	SU	JBTOTAL\$
Schedule E Summary				

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

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 \$

Schedule	popular Sancia Sancia	
(Continuat	tion	Sheet)
Payments	Mac	le

Type or print in ink.

(Continuation Sheet) Payments Made	· · · · · · · · · · · · · · · · · · ·		1/01/2015 from 1/17/2015	CALIFORN FORM	NA 4 60	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	Page	of
Friends To Elect Monica Cooper Carson City Treasurer					1.D. NUMBER 1374271	
CODES: If one of the following codes accurately described 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 com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey researd ivery and me	s·	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and procure candidate travel, lodging, a staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cos	s soluction costs and meals and meals sees of the same of	,
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Campaign LA 15518 S. Broadway Gardena Ca		CNS	Check Payment			908.00
* Payments that are contributions or independent expenditures must als	so be summarized on	Schedule D.		SI	UBTOTAL \$	908.00

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.	ied	Irom		FORNIA 460 ORM 12 of 16
NAME OF FILER Friends To Elect Monica Cooper Carson City Treasurer	Autoritation (Autoritation Autoritation Control Contro			I.D. NU 1374:	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwe-	nd production costs ibutions kers' salaries time and production cos el, lodging, and meals avel, lodging, and meals en committees of the sa	s ame candidate/sponsor
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
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	5	\$	}	\$
 Schedule F Summary Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Schedaccrued expenses of \$100 or more, plus total unitemized particular expenses of \$100 or more, plus total unitemized particular expenses.) Net change this period. (Subtract Line 2 from Line 1. Entertailly expenses) 	accrued expenses under sedule F, Column (c) subtoloayments on accrued exp	\$100.) tals for payments or enses under \$100.)	1		
on the Summary Page, Column A, Line 9.)				NET \$	May be a negative number

Schedule F	
Continuation Sheet)	
Accrued Expenses (Unpaid	Bills)

NAME OF FILER

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

SCHEDU	LEF	(CONT.)
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Statement covers	period	CALIF			A_{1}	V
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through1/17/2	2015	Page		of_	16	
48999111200000000000000000000000000000000		I.D. NUMI	3ER			
		137427	71			VIII.

Friends To Elect Monica Cooper Carson City Treasurer

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)*

MER

MER

MER

PFT

CFC

OFC

OFC

PFT

FND tundraising events

POL

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

EL 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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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
					TO THE PROPERTY OF THE PROPERT
	SUBTOTALS	\$	\$	\$	\$ <i>(</i>)

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

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

			SCHEDOLE
Statem	ent covers period	CAMEGE	MA ZI OYO
from	1/01/2015	FORW	w 45U
 through $_$	1/17/2015	Page 14	of16
2,20		I.D. NUMBER	

1374271

COURTMANT

SEE INSTRUCTIONS ON REVERSE

legal defense

LEG

NAME OF FILER

Friends To Elect Monica Cooper Carson City Treasurer

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

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		radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	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
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor

PRO professional services (legal, accounting)

PRT print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE ()R	DESCRIPTION OF PAYMI	ENT	AMOUNT PAID
	ACCOUNTS AND				
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				AAAAAAAA	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

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

								SCHEDULE H
Schedule H Loans Made to Others*		Amounts m	print in ink. ay be rounded le dollars.		Statement cov	vers period 1/2015	CALIFORN FORM	^{IA} 460
					through1/1	7/2015	Page 15	of16
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	**************************************						I.D. NUMBER	
Friends To Elect Monica Cooper Cars	on City Treasurer						1374271	AND THE STATE OF T
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	s	RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	5	DATE INCURRED	55
		,,,,,,	** d ** a ** ** 4 * A ** A ** A ** A ** A **	PAID				CALENDAR YEAR
				s	s	RATE	\$	\$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
				denne son on process are consult to the consult of		(Enter (e) on Schedule I, Line 3)	THE REPORT OF THE PARTY OF THE	
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	less than \$100.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••		\$		- [**If Required
Payments received on loans (Total Column (c) plus unitemized paym					\$	<u> </u>	**************************************	
3. Net change this period. (Subtract Line (Enter the net here and on the Summar			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NET \$	y be a negative number)	

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

Schedule I Miscellaneous Inc SEE INSTRUCTIONS ON REVER NAME OF FILER Friends To Elect Mo		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 1/01/2015 through 1/17/2015	CALIFORNIA 460 FORM 16 Page 16 of 16 I.D. NUMBER 1374271
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
TOPS				

Attach additional infon	mation on appropriately labeled continuation sheets.		SUBTOTA	L. \$
Schedule I Summa	NV .		AND THE PROPERTY OF THE PROPER	
	of \$100 or more this period.		\$	*********
2. Unitemized increas	es to cash under \$100 this period		\$	000833AA
	eceived this period on loans made to others. (Sci			
4 Total miscellaneous	s increases to cash this period. (Add Lines 1, 2, and 14.)	and 3. Enter here and on the	\mathcal{A}	
Jummary 1 ago, Ell	,			FPPC Form 460 (June/01) oll-Free Helpline: 866/ASK-FPPC

Recipient Committee Campaign Statement Cover Page

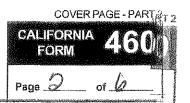
SEARLANNI JAType or print in ink.

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Date Stamp

Cover Page (Government Code Sections 84200-84216.5)	118 - 248 48 48 628 8 622		FORM 46U
•	Statement covers period from2/14/2015	Date of election if applicable R 20 AM IC	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2015	OTTY STREET	
1. Type of Recipient Committee: All Committees - Co	implete Parts 1, 2, 3, and 4.	2. Type of Statement:	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	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
K I MENUNUNUNUNUNUNUNUNUNUNUNUNUNUNUNUNUNUNU). NUMBER 374271	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Frends to Elect Monica Cooper Carson City Treasure	анасаматын желек байын б. М.А. Макшарак илим анарум таккет жалатын байын айын айын айын айын айын айын айын	NAME OF TREASURER Monica Cooper MAILING ADDRESS 19526 Eddington Drive	
STREET ADDRESS (NO P.O. BOX)	amine des diversión de 1944 de resser de des such de 1944 de 1		ATE ZIP CODE AREA CODE/PHONE
19526 Eddington Drive		Carson C	a 90746 562 440 8877
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY	
Carson Ca 9074		MAILING ADDRESS	
CITY STATE ZIP CC	DE AREA CODE/PHONE	CITY · ST	ATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	AND AND THE REAL PROPERTY AND	OPTIONAL: FAX / E-MAIL ADDRESS	
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on Date Executed on Date Executed on Date	this statement and to the best of my know a that the foregoing is true and correct. By By By By By By	DWIedge the information contained herein and in the atternation contained herein and in the atternation contained herein and in the atternation of Signature of Controlling Officeholder, Candidate, State Measure Proponent	Officer of Sponsor
Date		signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (January/05)

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	emennii /	<u> </u>	
Monica Cooper						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
Treasurer						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S 19526 Eddington Dr Carson Ca 907	*		Identify the controlling of	ficeholder, candidate,	or state measure	proponent, if ag
			NAME OF OFFICEHOLDER, CAP	NDIDATE, OR PROPONEN	T	Orthod
Related Committees Not Included not included in this statement that are controcontributions or make expenditures on behalf	olled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD	al Staffers (Marielle Person is access to the property of the staffers of the	DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can- officeholder(s) or candidate(s			
COMMITTEE ADDRESS STREET ADDRES	SS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	☐ SUPPO系
CITY STAT	E ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR (CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT
DOMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE OFFICE	SOUGHT OR HELD	☐ SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
						7
COMMITTEE ADDRESS STREET ADDRES	SS (NO P.O. BOX)		· ·	ng gyang ng kabahang ng mga gang gang mga kabahang mga gang tagan gang tagan kabahan na dan pang mga gang mga	····	

Schedule	Sana Sana Sana
Payments	Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Monica Cooper Carson City Treasurer

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

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

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/sponser
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
Budget Watchdogs 1954 W. Carson Torrance Ca 90501		LIT	Check	100.90
Sierra Systems LLC 12730 Ray Street Van Nuys Ca 91605		LIT	Account Deposit	5520.00
John F. Kennedy Alliance 3700 Wilshire Blvd#1058 Los Angeles Ca 90010		LIT	Check	1800.00

Schedule E Summary

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

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 \$

8545.00

SUBTOTAL \$

7420.00

Schedule E (Continuation Sheet) Payments Made

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

	SCHED	ULEE	(CONL
en nariani	promiser and a market	662004607-0053	710000000000000000000000000000000000000

Statement covers period 2114/15 **FORM** LD. NUMBER 1374271

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Monica Cooper Carson City Treasurer

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

CMP campaign paraphernalia/misc. member communications RAD radio airtime and production costs campaign consultants meetings and appearances returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations ET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees phone banks candidate travel, lodging, and meals

fundraising events polling and survey research TRS staff/spouse travel, todging, and meals transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF

LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Election Digest\Coalition For Literacy Check 1954 Carson Street LIT 225.00 Torrance Ca 90501 Voter Guide Slate Cards Check 6285 E. Spring Street Ste 202 LIT 800.00 Long Beach Ca 90808 Tony Hale Check -310 Carson Street CMP 100.00 Torrance Ca 90501

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

Sched	ule	B	Part	4
Loans	Rec	:eiv	ed	

Type or print in ink.

SCHEDU	JLEB	- PAR	T 1
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Loans Received	Ame	ounts may be re to whole dollar		School de la company de la com	Statement cov from	4/2015	california 460 form		
SEE INSTRUCTIONS ON REVERSE					through06/	30/2015	Page 5	of6	
NAME OF FILER					**************************************		I.D. NUMBER		
Friends To Elect Monica Cooper Carsor	City Treasurer						1374271		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT: RECEIVED THIS PERIOD	(©) AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Monica Cooper 19526 Eddington Drive Carson Ca 90746	Real Estate Broker-Self Employed			PAID S 0 FORGIVEN	s 14808.70	O%	s 950.00	CALENDAR YEAR \$ 14808.70 PER ELECTION**	
TEND □ COM □ OTH □ PTY □ SCC		\$ 6263.70	s <u>8545.00</u>	s0	n/a DATE DUE	\$	02/01/15 DATE INCURRED	\$	
				PAID S FORGIVEN	\$	% RATE	\$	\$PER ELECTION **	
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID S FORGIVEN	\$		s	CALENDAR YEAR \$ PER ELECTION **	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	s	
		SUBTOTALS \$	6263.70 \$	0	\$ 14808.70	\$ 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Schedule B Summary		ora som universe en a secondo mente com una som a se secondo comissiono constitu				(Enter (e) on Schedule E. Line 3)	AN IN TRACERS.		
. Loans received this period				\$	14868.70		another party	given or paid by also must be	
Loans paid or forgiven this period	paid or forgiven.)			\$	0		reported on S ** If required.		
Net change this period. (Subtract Line Enter the net here and on the Summary			·	NET \$	14868.70 y be a negative number)				
† Contributor Codes IND – Individual COM – Recipient Committee (ot	her than PTY or SCC) OTH - C	Other PTY-Po	litical Party S0	CC – Small Cent	ributor Committee	FPPC To		m 460 (June/01) 866/ASK-FPPC	

Campaign Disclosure Statement **Summary Page**

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

SUMMARY PAGE Statement covers period CALIFORNIA 02/14/2015 FORM from 06/30/2015 of ___ through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends To Elect Monica Cooper Carson City Treasurer 1374271 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 50.00 1/1 through 6/30 7/1 to Date 8545.00 14808.70 2. Loans Received Schedule B. Line 3 8545.00 14858.70 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 8545.00 14858.70 Made **Expenditures Made** Expenditure Limit Summary for State 6. Payments Made Schedule E, Line 4 \$ 14858.70 Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 8545.00 14858.70 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) O Date of Election Total to Date 0 (mm/dd/yy) 0 8545.00 14858.70 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ **Current Cash Statement** 92.00 To calculate Column B. add 8545.00 amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in 8545.00 Column A may be negative 92.00 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 0 for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$



CITY CLICK

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CITY OF CALSON

2ND PRE-ELECTION

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stemp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 01/18/2015	Date of election if applicable: (Month, Day, Year) 03/03/15		For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Office holder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain both)	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
"// / "managara intransa santan s	ODE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER MONICA COOPER MALLING ADDRESS 19526 Eddington Drive CITY CARSON CA NAME OF ASSISTANT TREASUR MAILING ADDRESS		ZIP CODÉ AREA CODE/PHONE
CITY STATE ZIP CO	ODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR		ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on Date Executed on Date Executed on Oate	By	Viedge the information contained her dignature of Pressurer or Assistant Vigo Officeholder, Candidate, State Measure Prosignature of Controlling Officeholder, Candidate, Stignature of Controlling Officeholder, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Can	Freasurer ponent or Responsible Officer of Sp sate Measure Proponent	· · · · · · · · · · · · · · · · · · ·

PPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE	-PART 2	2
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	OKIVI			
	4	0	Second	Ĩ
Page _	- Partie	of	<i>*</i>	Į

	Committee	ь.	Primarily Formed Balle	ot Weasure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Monica Cooper	v					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTI	ON	SUPPORT
Treasurer (Carson) Ca	arson Ca 90746			·		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE ZIP					
19526 Eddington Drive	Carson Ca 90746		Identify the controlling of			re proponent, if any
	***************************************		NAME OF OFFICEHOLDER, CAI	VOIDATE, OR PE	ROPONENT	
Related Committees Not included in t not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD	***************************************	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offic	eholder Committee	List names of
PARTICULAR OF THE PROPERTY.	☐ YES ☐ NO		officeholder(s) or candidate(s) for which thi	s committee is primarily f	ormed.
	; Li 120 Li 180					
COMMITTEE ADDRESS STREET ADDRESS (N			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	
COMMITTEE ADDRESS (N			NAME OF OFFICEHOLDER OR O		OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
	VO P.O. BOX)			CANDIDATE		SUPPORT OPPOSE SUPPORT OPPOSE
CITY STATE	NO PO. BOX) ZIP CODE .AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE D SUPPORT OPPOSE
CITY STATE	NO PO. BOX) ZIP CODE .AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE
COMMITTEE NAME	ZIP CODE .AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HEI	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

statement covers period 01/18/2015 CALIFORNIA 450 FORM 1500 Page 3 of 100 NUMBER

SUMMARY PAGE

NAME OF FILER Friends To Elect Monica Cooper Carson City Treasurer 1374271 Column & Column B Calendar Year Summary for Candidates Contributions Received Running in Both the State Primary and General Elections Monetary Contributions 1/1 through 6/30 7/1 to Date 3400.00 4350.00 3400.00 4350.00 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Received Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 3400.00 4350.00 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Made **Expenditures Made Expenditure Limit Summary for State** 3400.00 4308.00 6. Payments Made Schedule E, Line 4 Candidates Loans Made..... 22. Cumulative Expenditures Made* 3400.00 4308.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 3400.00 4308.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last 3400.00 report. Some amounts in Column A may be negative 42.00 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Parl 2 *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

	7	Type or print in i	ink				SCHE	EDULE B - PART 1
Schedule B – Part 1 Loans Received		ounts may be ro	unded	Statement cov	•	CALIFORN	A ZIRN	
Loaris Received		to whole donar	s.	from01/	18/15	FORM TOU		
SEE INSTRUCTIONS ON REVERSE				L. Wall	through02	/19/15	Page	of 35
NAME OF FILER							I.D. NUMBER	
Friends to Elect Monica Cooper Carson	City Treasurer						1374271	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIOUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOL	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Monica Cooper 19526 Eddington Drive Carson Ca 90746	Self-Employed	950.00	3400.00	PAID FORGIVEN	ş <u>4350.00</u>	RATE	\$ 3400.00 02/01/15	CALENDAR YEAR \$ PER ELECTION**
TOT IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID S FORGIVEN	s		\$	CALENDAR YEAR 8 PER ELECTION***
TO IND COM OTH PTY SCC		8	\$	\$	DATE DUE	\$	DATE INCURRED	\$
† IND COM OTH PTY SCC		\$	5	\$ PAID FORGIVEN \$	DATE DUE	RATE	\$	CALENDAR YEAR 5 PER ELECTION*** 5
		SUBTOTALS S	3400.00	<u>.</u>	\$ 4350.00	•		\ <u>\</u>
Schedule B Summary		305101463 8	3400.00			(Enter (e) on Schedule E, Line 3)	<u>.</u>	
Loans received this period (Total Column (b) plus unitemized loans				\$	3400.00			rgiven or paid by y also must be
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that		** If required						
Net change this period. (Subtract Line Enter the net here and on the Summar	2 from Line 1.)y Page, Column A, Line 2.	***************************************		NET \$	3400.00 May be a negative number?			
† Contributor Codes IND – Individual COM – Recipient Committee (c	ther than PTY or SCC) OTH -	Other PTY-P	olitical Party S	CC – Smali Co	ntributor Committee	FPPC TO		rm 460 (June/81) e: 866/ASK-FPPC

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends to Elect Monica Cooper Carson City Treasurer CODES: If one of the following codes accurately describe ONP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	Type or print Amounts may be to whole do s the payment, you MER member com MTG meetings and OFC office expen	e rounded ollars. u may ente munications		throughwise, descrit RAD radio RFD return	01/19/15 02/19/15 02/19/15 De the payment airtime and production ed contributions aign workers' salaries	Page 6	M 4100
CVC civic donations Fil. candidate filing/ballot fees ND underaising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	PET petition circulating PHO phone banks POL polling and survey research				cable airtime and proc date travel, lodging, an apouse travel, lodging, er between committee registration aation technology costs	d meals and meals s of the sam	·
NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER LD. NUMBER)		CODE (OR DE	SCRIPTION OF PA	YMENT		AMOUNT PAID
Liberty Campaign Solutions P.O. Box 631 Torrance Ca 90301		CNS	Check Payment				3400.00
* Payments that are contributions or independent expenditures	muet also he summ	arizad on S	chadula D		n.		3400.00
	must also be summ	anzeu on 5	create D.	- The second	SL	IBTOTAL \$	3400.00
Schedule E Summary 1. Payments made this period of \$100 or more. (Include all S							3400.00
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from4. Total payments made this period. (Add Lines 1, 2, and 3. E							2400.00
a. Total paymente muue une periou. (Aud Erree 1, 2, and 6. E	and here and ell a	io Garrandi	y i ago, oominit M	ş 11110 O.J		FPPC I	Form 460 (June/01) ine: 866/ASK-FPPC

Schedule E Payments Made

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

	SCHEDULEE
Statement covers period	CALIFORNIA A CO
from01/18/2015	FORM 40U
through02/14/2015	Page 6 of 6
	I.D. NUMBER
	1374271

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Friends to Elect Monica Cooper Carson City Treasurer

COL	ES: If one of the following codes accurately describes	the p	ayment, you may enter the code.	Otherwise, c	lescribe the payment.
CVP	campaign paraphemalia/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	s TSF	transfer between committees of the same candidate/sponsor

F١ independent expenditure supporting/opposing others (explain)*

professional services (legal, accounting) print ads

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

WEB information technology costs (internet, e-mail)

NAME AND ADDRES (IF COMMITTEE, ALSO ENT		CODE (OR .	DESCRIPTION OF PAYMENT		AMOUNT PAID
Liberty Campaign Solutions P.O. Box 631 Torrance Ca 90301		LIT	Check			3400.00
Sierra Systems LLC 12730 Ray Street Van Nuys Ca 91605		LIT	Deposit			1913.70
			-			
* Payments that are contributions or indepen	dent expenditures must also be summa	rized on Sc	chedule D.		SUBTOTAL \$	5313.70

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 5313.70