

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

**CALIFORNIA**  
2001/02  
**FORM 460**

Page 1 of 15

For Official Use Only

<b>Statement covers period</b> from <u>01/01/2018</u>  through <u>06/30/2018</u>	<b>Date of election if applicable:</b> (Month, Day, Year)  _____
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee                            |
| <input type="radio"/> State Candidate Election Committee              | <input type="radio"/> Primary Formed   |
| <input type="radio"/> Recall  | <input type="radio"/> Controlled   |
| (Also Complete Part 5.)   | <input type="radio"/> Sponsored  |
| <input checked="" type="checkbox"/> General Purpose Committee         | (Also Complete Part 6.)  |
| <input type="radio"/> Sponsored                                       | <input type="checkbox"/> Primary Formed Candidate/<br>Officeholder Committee |
| <input type="radio"/> Small Contributor Committee                     | (Also Complete Part 7.)  |
| <input type="radio"/> Political Party/Central Committee               |  |

## 2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

## 3. Committee Information

I.D. NUMBER  
1407058

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)658-8200

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

Laura@StephenCompany.com

## Treasurer(s)

NAME OF TREASURER  
Norman Coppinger

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 658-8200

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 07/31/2018 By Norman Coppinger  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 15

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

COMMITTEE NAME      I.D. NUMBER

NAME OF TREASURER      CONTROLLED COMMITTEE?  
 YES       NO

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

CITY      STATE      ZIP CODE      AREA CODE/PHONE

COMMITTEE NAME      I.D. NUMBER

NAME OF TREASURER      CONTROLLED COMMITTEE?  
 YES       NO

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

CITY      STATE      ZIP CODE      AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD      DISTRICT NO. IF ANY

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

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

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

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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	Page 3 of 15
I.D. NUMBER		1407058

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

League of California Cities (Nonprofit IRC 115) - Non-Public Funds

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$0.00	\$0.00
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$0.00	\$0.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$0.00	\$0.00

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

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made .....	Schedule E, Line 4	\$100,000.00	\$100,000.00
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$100,000.00	\$100,000.00
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$100,000.00	\$100,000.00

### 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	\$0.00
13. Cash Receipts .....	Column A, Line 3 above	\$0.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$100,000.00
15. Cash Payments .....	Column A, Line 8 above	\$100,000.00
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$0.00
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).

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

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

\*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 01/01/2018  
through 06/30/2018

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

League of California Cities (Nonprofit IRC 115) - Non-Public Funds

I.D. Number  
1407058

DATE RECEIVED	FULL NAME, MAILING 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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$0.00

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$0.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$0.00

\*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.

Statement covers period  
from 01/01/2018  
through 06/30/2018

**CALIFORNIA FORM 460**  
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1407058

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

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
<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		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<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		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<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		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<b>SUBTOTALS</b>								

## Schedule B Summary

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

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. 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.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
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 B - Part 2  
Loan Guarantors**

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

Statement covers period from <u>01/01/2018</u> through <u>06/30/2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

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
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	

**SUBTOTAL**

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 from <u>01/01/2018</u> through <u>06/30/2018</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1407058	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

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)
		<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					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(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  
 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.

SCHEDULE D

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	Page 8 of 15
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

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)
3/26/2018	Coalition to Protect Local Transportation Improvements	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Motor Vehicle Fees and Taxes: Restriction on Expenditures: Appropriations Limit. Statewide; Proposition 69	\$40,000.00	\$100,000.00	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
6/22/2018	Coalition to Protect Local Transportation Improvements	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Eliminates Recently Enacted Road Repairs & Transportation Funding. Statewide; Proposition 6	\$60,000.00	\$100,000.00	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
6/30/2018	Proposition 68 CA Drought, Water, Parks, Climate, Coastal Protection and Outdoor Access for All Act of 2018 Jurisdiction: Statewide, Proposition 68	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Travel, Office Expnses, Meetings, Printing from January 1 through June 30, 2018	\$977.00	\$977.00	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				

**SUBTOTAL**

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .....	\$102,346.88
2. Unitemized contributions and independent expenditures made this period of under \$100 .....	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .....	<b>TOTAL</b> \$102,346.88



**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.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	Page 9 of 15
NAME OF FILER League of California Cities (Nonprofit IRC 115) - Non-Public Funds		I.D. NUMBER 1407058

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)
6/30/2018	Affordable Housing Now - Yes on Props 1 & 2 Coalition Veterans and Affordable Housing Bond Act of 2018 Jurisdiction: Statewide; Proposition 1	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Staff Time, Travel, Office Expenses, Meetings, Printing from January 1 through June 30, 2018	\$1,369.88	\$1,369.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$102,346.88

# Schedule E Payments Made

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	Page 10 of 15
NAME OF FILER League of California Cities (Nonprofit IRC 115) - Non-Public Funds		I.D. NUMBER 1407058

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

**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, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Coalition to Protect Local Transportation Improvements Sacramento, CA 95815  Committee ID: 14009374	CTB	Motor Vehicle Fees and Taxes: Restriction on Expenditures: Appropriations Limit. Statewide; Proposition 69	\$40,000.00
Coalition to Protect Local Transportation Improvements Sacramento, CA 95815  Committee ID: 14009374	CTB	Eliminates Recently Enacted Road Repairs & Transportation Funding. Statewide; Proposition 6	\$60,000.00

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

**SUBTOTAL** \$100,000.00

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$100,000.00
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$100,000.00

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2018</u>	
through <u>06/30/2018</u>	Page <u>11</u> of <u>15</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

**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, email)            |

NAME AND ADDRESS OF CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD <small>(ALSO REPORT ON E)</small>	(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**

- 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** \_\_\_\_\_
- 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** \_\_\_\_\_  
May be a negative number.

**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.

Statement covers period  
 from 01/01/2018  
 through 06/30/2018

**CALIFORNIA FORM 460**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 League of California Cities (Nonprofit IRC 115) - Non-Public Funds

I.D. NUMBER  
 1407058

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**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, email)            |

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

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

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 –  
Loans Made to Others\***

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

Statement covers period from <u>01/01/2018</u> through <u>06/30/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of 15
I.D. NUMBER 1407058	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

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 OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
		<b>SUBTOTALS</b>						

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

**Schedule H Summary**

- Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

**\*\* If Required**

(May be a negative number)

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	Page 14 of 15
NAME OF FILER League of California Cities (Nonprofit IRC 115) - Non-Public Funds		I.D. NUMBER 1407058

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
6/27/2018	League of California Cities Sacramento, CA 95814 Memo Reference: INC360	Non Public Funds Used to Make Contributions	\$100,000.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$100,000.00

**Schedule I Summary**

1. Increases to cash of \$100 or more this period.....	\$100,000.00
2. Unitemized increases to cash under \$100 this period.....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$100,000.00

Memo Reference: INC360  
Reporting pursuant to Government Code Section 84222.5

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