|--|

Campaign Statement	Type or print in ink		Date Stamp	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period	REDate of election if application (Month, Day, Year)	Y CLERK'S OFFICE Page	Page1 of1_1
SEE INSTRUCTIONS ON REVERSE	through03/22/2014	04/08/2014		
1. Type of Recipient Committee: All committees – co Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)	2. Type of Statement: X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination)		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)	elow)	
3. Committee Information	I.D. NUMBER 1363708	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Yes on A for El Segundo's Future		NAME OF TREASURER Joe Harding		
4		MAILING ADDRESS 531 Main St., Ste. A		
STREET ADDRESS (NO P.O. BOX) 531 Main St., Ste. A		CITY El Segundo	STATE ZIP CODE CA 90245	ODE AREA CODE/PHONE 45 (310)439-9361
CITY STATE ZIP CODE El Segundo CA 90245	AREA CODE/PHONE 15 (310)439-9361	NAME OF ASSISTANT TREASURER, IF ANY	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	30X	MAILING ADDRESS		
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	ОГТҮ	STATE ZIP CODE	ODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS (213)452-6576 / jguardarrama@kaufmanlegalgroup.com	nup.com	OPTIONAL: FAX / E-MAIL ADDRESS	ÆSS	
 Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 	g this statement and to the best of my kno is that the foregoing is true and correct.	wledge the information contained her	rein and in the attached schedu	contained herein and in the attached schedules is true and complete. I certify
Executed on	By Signature of Coo	Signature of Controlling Officeholder, Candidate, State Measure Proponent or	State Measure Proponent or Responsible Officer of Sponsor	
Executed onDate	ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	tate Measure Proponent	
Executed on	Ву	Circulation of Controlling Office bolder Candidate Ci	boto Massa na Tasaanagi	

Executed on	Executed onDate	Executed on	Executed on $\frac{3 25 14}{\text{Date}}$
BySignature of Controlling Officeholder, Candidate, State Measure Prop	BySignature of Controlling Officeholder, Candidate, State Measure Prop	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Respon	By Subdule of Trajacurer or Assistant Treasurer

Page _

2

of 11

	sheets if necessary	Attach continuation sheets if necessary		ODE AREA CODE/PHONE	STATE ZIP CODE	СІТҮ
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE O	NAM	CONTROLLED COMMITTEE?	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE O	NAM	. הליים		
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE O	Z A M	ODE AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE O	NAM		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of t.	older Committee List	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	7. Prir	CONTROLLED COMMITTEE?		NAME OF TREASURER
	•		ı	I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	OFFI	tement: List any committees or are primarily formed to receive didacy.	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.	Related Committee not included in this state contributions or make expenses.
	ONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	NAM			
oponent, if any.	lling officeholder, candidate, or state measure proponent, if any.	ldentify the controlling officeholder, candid	lden	TY STATE ZIP	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	RESIDENTIAL/BUSINESS A
SUPPORT		BALLOTNO. OR LETTER JURISDICTION City of El Segundo	BALL	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELL
	Ø.	NAMEOFBALLOTMEASURE Measure A - Consolidated Tax Measure	NAMI Mea		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	mmittee	Primarily Formed Ballot Measure Committee	6. Prir	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Ca

Summa Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

Summary Page	Amounts may be rounded to whole dollars.	Staten	Statement covers period	CALIFORNIA ACO
		from	02/23/2014	
SEE INSTRUCTIONS ON REVERSE		through _	03/22/2014	Page3 of11
NAME OF FILER				I.D. NUMBER
Yes on A for El Segundo's Future				1363708
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidate Running in Both the State Primary and General Flections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3	\$ 15,560.00 \$	21,060.00	1/1 thr	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	\$ 15,560.00 \$	21,060.00	20. Contributions Received \$	€9
4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 15,645.00	7,085.00 28,145.00	21. Expenditures Made \$	89
Expenditures Made 6. Payments Made Schedule E, Line 4	\$ 10,182.48 \$	13,449.12	Expenditure Limit Summary for State Candidates	summary for State
7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 10,182.48 \$	13,449.12	22. Cumulative (If Subject to)	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3	0.00	7,085.00	Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$ 10,267.48 \$	20,534.12		€9
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts	\$ 2,233.36 To	To calculate Column B, add amounts in Column A to the		⇔
14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above	0.00	corresponding amounts from Column B of your last report. Some amounts in Column A may be negative	*Amounts in this section mareported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
If this is a termination statement, Line 16 must be zero.	\$ // OLOGO BIG			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00 fo	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$ 0.00 ar	from Lines 2, 7, and 9 (if any).		ar.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00		FPPC Toll-Free Helpling	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Cc

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Co	Monetary Contributions Received	to	to whole dollars.	Statement covers period	ers period	CALIFORNIA ASO
				from 02/23/2014	014	FORM
SEE INSTRUCTIONS ON REVERSE	ON REVERSE			through <u>03/22/2014</u>	014	Page4 of11
NAME OF FILER						I.D. NUMBER
Yes on A for El	l Segundo's Future					1363708
DATE F RECEIVED	REET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	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 TO DATE (IF REQUIRED)
03/11/2014 C: II II S:	California Teamsters Public Affairs Council Issues Account (ID# 901366) 1127 11th St., Ste. 501 Sacramento, CA 95814	IND SCC		2,500.00	2,5	2,500.00
02/27/2014 J; 1: E.	Janice Cruikshank 1509 E Elm Ave. El Segundo, CA 90245	OTH SCC	N/A Retired	100.00	1	100.00
02/28/2014 E: 3: M	El Segundo City Employees Association 33173 Mulholland Highway Malibu, CA 90265	OTH SCC		5,000.00	5,0	5,000.00
02/25/2014 E: (() E: E:	El Segundo Police Officers Association PAC (ID# 960463) P.O. Box 248 El Segundo, CA 90245	SCC SCC		5,000.00	5,0	5,000.00
02/24/2014 Ma 6: E:	Marie Caron Fellhauer 639 West Oak Ave. El Segundo, CA 90245	SCC SCC	Police Officer Los Angeles Police Department	300.00	w	300.00
			\$UBTOTAL\$	12,900.00		
Schedule A Summary 1. Amount received this peri (Include all Schedule A su	chedule A Summary Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	0.00	\$	15,560.00	*Contr IND – COM-	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)
2. Amount recei	Amount received this period – unitemized monetary contributions of less than \$100	of less than	\$100\$	0.00	- ALO	
Total monetal (Add Lines 1	Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	nn A, Line 1.)\$	15,560.00	Scc-	- Small Contributor Committee

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Schlednie	Scriedule A (Continuation Street)	Type or print in ink.	t in ink.			SCHED	SCHEDULE A (CONT.)
Monetary	Monetary Contributions Received	Amounts may be rounded to whole dollars.	oe rounded [Statement covers period		CALIFORNIA	160
				through03/22/2014		Page 5	of 11
NAME OF FILER						I.D. NUMBER	
Yes on A for	El Segundo's Future					1363708	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	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)
03/06/2014	Mar Ventures, Inc. 2050 W. 190th Street, Ste. 108 Torrance, CA 90504	□ IND □ SCC		2,000.00	2,000.00	0.00	9
02/28/2014	S&S Hardware Co., Inc. 1111 E. Grand Ave. El Segundo, CA 90245	□ SCC		660.00	2,660.00	0.00	
		□□COM □□PTY □SCC					
		SCC SCC					i D

IND-Individual

COM-Recipient Committee

(other than PTY or SCC)

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

PTY-Political Party

SCC-Small Contributor Committee *Contributor Codes

SCC PTY COM

SUBTOTAL\$

2,660.00

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

Schedule C Nonmonetar

Type or print in ink. Amounts may be rounded

SCHEDULE C

Nonmonetary Contributions Received		to whole dollars.		Statement covers period from 02/23/2014		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			t	through03/22/2014	Page	6 of11
NAME OF FILER					LD. NO	I.D. NUMBER
Yes on A for El Segundo's Future					1363708	708
DATE 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)	PERELECTION TODATE (IF REQUIRED)
02/23/2014 Sandra Jacobs 402 Hillcrest St. El Segundo, CA 90245	□ SCC	Retired N/A	Mailing Services	85.00	585.00	.00
	□ IND □ COM □ PTY					
	□ IND □ COM □ PTY □ SCC					
	OSCC					
Attach additional information on appropriately labeled continuation sheets	ed continuati	on sheets.	SUBTOTAL \$	L\$ 85.00		
Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions (Include all Schedule C subtotals.)	contributions		₩	85.00	*Contril	*Contributor Codes IND – Individual COM – Recipient Committee
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2 Enter-han and a the Suppose Page Calums A Lines 1 and 10)	ary contributio	ns of less than \$100	1 0 1 2 2			OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee
(יאמ בוויס ז מוזמ ל. בוועד ווקוס מוזמ טורנווס סמווווומו) ו מצלה, סטומווווים, בוווסס ד מוזמ רט.)	l age, colum	יור, בוופס דמום וסי,				FPPC Form 460 (January/05)

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

Schedule E Payments Made

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

2/23/2014 CALIFORNIA 4.60 03/22/2014 Page 7 of 11 I.D. NUMBER		rough _	°	Stateme
CALIFORNIA 46(FORM of 11 I.D. NUMBER		03/22/2014	02/23/2014	Statement covers period
The second secon	I.D. NUMBER	Page7 of11	FORM +O	15

from _

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes on A for El Segundo's Future through 03/22 1363708

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	ou may enter the code. O	therwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings MBR member communit MIR meetings and apportings and apportings office expenses PEI petition circulating PHO phone banks PHO phone banks POL polling and survey PRO postage, delivery PRO professional servi	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	n costs lis meals he same candidate/sponsor rnet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
El Segundo Herald 312 E. Imperial Ave. El Segundo, CA 90245	PRT		660.00
Kaufman Legal Group 777 S. Figueroa Street Suite 4050 Los Angeles, CA 90017	PRO		500.00
Maleman Ink 8939 Sepulveda Blvd. Westchester,, CA 90045	LIT		425.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule	narized on Schedule D	\$TVLOLANS	TAL\$ 1,585.00
Schedule E Summary			
 Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100 		₩ ₩	\$ 10,182.48
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	t 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	the Summary Page, Colum	ın A, Line 6.) TOTAL \$	\$ 10,182.48

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

Schedule E (Continuation Sheet) Payments Made

NAME OF FILER

Yes on A for El Segundo's Future

SEE INSTRUCTIONS ON REVERSE

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

SCHEDULE E (CONT.)

	Statement covers period	CALIFORNIA ASO
fror	from 02/23/2014	FORM
thro	through 03/22/2014	Page 8 of 11
	c	ago
		I.D. NUMBER
		1363708

Michael 660 2nd Michael Divirgilio 660 2nd Street, Unit A Hermosa Beach, CA 90254 Michael Divirgilio 660 2nd Street, Unit A Hermosa Beach, CA 90254 Maleman Ink 8939 Sepulveda Blvd. Maleman Ink 8939 Sepulveda Blvd. Westchester,, CA 90045 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Westchester,, CA 90045 campaign paraphernalia/misc civic donations campaign literature and mailings candidate filing/ballot fees contribution (explain nonmonetary)* campaign consultants independent expenditure supporting/opposing others (explain)* fundraising events legal defense l Divirgilio 1 Street, Uni 1 Beach, CA Unit A CA 90254 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 궠공공무 몽퍼워플 MBR member communications petition circulating office expenses meetings and appearances print ads professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks CODE LII CMP CNS CNS POS QR DESCRIPTION OF PAYMENT 骶살ਖ਼ਬੁਬ SAL RAB radio airtime and production costs voter registration information technology costs (internet, e-mail) candidate travel, lodging, and meals t.v. or cable airtime and production costs transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals campaign workers' salaries returned contributions AMOUNT PAID 1,141.75 2,500.00 2,500.00 1,089.39 245.17

SUBTOTAL \$

7,476.31

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

Payn Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA A CO
Payments Made to	to whole dollars.	from 02/23/2014	FORM +OO
SEE INSTRUCTIONS ON REVERSE		through 03/22/2014	Page9 of11
NAME OF FILER			I.D. NUMBER
Yes on A for El Segundo's Future			1363708
CODES: If one of the following codes accurately describes the payment, you may enter the code.	nent, you may enter the code. Other	Otherwise, describe the payment.	

1,121.17	\$ SUBTOTAL	Schedule D.	xpenditures must also be summarized o	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
		•		
	N)			
305.69	Voter Data	V		Political Data Inc. P.O. Box 59570 Norwalk, CA 90652
780.00		LIT		Parviz Printing, Inc. 118 East 8th Street Los Angeles, CA 90014
35.48		OFC		Michael Divirgilio 660 2nd Street, Unit A Hermosa Beach, CA 90254
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	OF PAYEE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ne candidate/sponsor	r the code. Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)	payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services postage, delivery and messenger services professional services (legal, accounting) print ads	ccurately describes the payment, you r MBR member communit MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and surve, pothers (explain)* PRO professional servi PRT print ads	CODES: If one of the following codes accurately describes the payment, you may enter the code. CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings MBR member communications OFC office expenses OFC office expenses PET petition circulating PHO phone banks POL polling and survey research PRO postage, delivery and messenger services PRO professional services (legal, accounting) PRO professional services (legal, accounting)

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Yes on A for El Segundo's Future

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

Statement covers period 02/23/2014 CALIFORNIA SCHEDULE

from

Page_ 10 으

1.D. NUMBER

1363708

through 03/22/2014

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

THE SHAPE CAS campaign literature and mailings candidate filing/ballot fees civic donations contribution (explain nonmonetary)* campaign consultants campaign paraphernalia/misc independent expenditure supporting/opposing others (explain)* legal defense fundraising events 몽피웅 20 MIG professional services (legal, accounting) postage, delivery and messenger services petition circulating office expenses meetings and appearances member communications print ads phone banks polling and survey research SAL S 및 함 함 RHO 卢 campaign workers' salaries voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals returned contributions radio airtime and production costs

t.v. or cable airtime and production costs

information technology costs (internet, e-mail)

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

1,089.39	TOTAL* \$		Attach additional information on appropriately labeled continuation sheets.
1,089.39		POS	U.S. Post Office 2130 E Mariposa Ave El Segundo, CA 90245
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

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

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

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

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

Statement covers period
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CALIFORNIA

03/22/2014

through.

Page 11 앜

1363708 I.D. NUMBER

NAME OF FILER SEE INSTRUCTIONS ON REVERSE

Michael Divirgilio

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Yes on A for El Segundo's Future

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

HE SHE SHE SHE civic donations candidate filing/ballot fees contribution (explain nonmonetary)* campaign consultants campaign paraphernalia/misc. campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)* fundraising events 옹피 MTG MTG 2 office expenses meetings and appearances member communications print ads postage, delivery and messenger services phone banks petition circulating professional services (legal, accounting) polling and survey research A S I R I R I R SAL 꿈 information technology costs (internet, e-mail) candidate travel, lodging, and meals campaign workers' salaries returned contributions voter registration radio airtime and production costs

t.v. or cable airtime and production costs

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

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

1,141.75	TOTAL* \$		Attach additional information on appropriately labeled continuation sheets.
1,141.75		CMP	SS Graphics, Inc. 4176 6th Street Wyandotte, MI 48192
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

^{*} 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.

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