Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA 2001/02 FORM 460

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2017
through 12/31/2017

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

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

☐ Officeholder, Candidate Controlled Committee
- ○ State Candidate Election Committee
- ○ Recall

(Also Complete Part 5.)

■ General Purpose Committee
- ● Sponsored
- ○ Small Contributor Committee
- ○ Political Party/Central Committee

☐ Ballot Measure Committee
- ○ Primary Formed
- ○ Controlled
- ○ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
- ■ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D.NUMBER
850523

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BURBANK	CA	91505	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
treasurer@afscme2620.org

Treasurer(s)

NAME OF TREASURER
DALIA BANDA-DAVIS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BURBANK	CA	91505	213 388-9902

NAME OF ASSISTANT TREASURER, IF ANY
CARY DAVIDSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

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

Executed on 01/25/2018 (DATE) By CARY DAVIDSON (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

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	☐ SUPPORT ☐ 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) Ffor which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. NUMBER
850523

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$17,058.08	$63,988.96
2. Loans Received	Schedule B, Line 7	$0.00	$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$17,058.08	$63,988.96
4. Nonmonetary Contributions	Schedule C, Line 3	$0.00	$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$17,058.08	$63,988.96

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	$.00	$.00
21. Expenditures Made	$.00	$.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$7,639.33	$18,629.96
7. Loans Made	Schedule H, Line 7	$0.00	$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$7,639.33	$18,629.96
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	($1,059.29)	$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	$0.00	$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$6,580.04	$18,629.96

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

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$201,897.35
13. Cash Receipts	Column A, Line 3 above	$17,058.08
14. Miscellaneous Increases to Cash	Schedule I, Line 4	$0.00
15. Cash Payments	Column A, Line 8 above	$7,639.33
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$211,316.10

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$0.00

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

Cash Equivalents and Outstanding Debts

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	JACK AAMOT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
8/31/2017	JACK AAMOT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
9/30/2017	JACK AAMOT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
10/31/2017	JACK AAMOT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
11/30/2017	JACK AAMOT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
			SUBTOTAL			

Schedule A Summary

1. Amount received this period - contributions of $100 or more.
   (Include all Schedule A subtotals.) $10,324.80
2. Amount received this period - unitemized contributions of less than $100 ..... $6,733.28
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** $17,058.08

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	JACK AAMOT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
7/31/2017	TREVOR AGAR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
8/31/2017	TREVOR AGAR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
9/30/2017	TREVOR AGAR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
10/31/2017	TREVOR AGAR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	TREVOR AGAR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
12/31/2017	TREVOR AGAR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
7/31/2017	MARIA ALANIZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA ADOPTIONS SP	$26.20	$296.20	
8/31/2017	MARIA ALANIZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA ADOPTIONS SP	$26.20	$296.20	
9/30/2017	MARIA ALANIZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA ADOPTIONS SP	$26.20	$296.20	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	MARIA ALANIZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA ADOPTIONS SP	$26.20	$296.20	
11/30/2017	MARIA ALANIZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA ADOPTIONS SP	$26.20	$296.20	
7/31/2017	ZARI ALIPOUR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
8/31/2017	ZARI ALIPOUR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
9/30/2017	ZARI ALIPOUR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	ZARI ALIPOUR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
11/30/2017	ZARI ALIPOUR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
12/31/2017	ZARI ALIPOUR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
7/31/2017	LINDA ALLEN-STUART LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	LINDA ALLEN-STUART LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	LINDA ALLEN-STUART LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
10/31/2017	LINDA ALLEN-STUART LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
11/30/2017	LINDA ALLEN-STUART LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	LINDA ALLEN-STUART LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	LILIANA ALONSO-CRUZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	LILIANA ALONSO-CRUZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
9/30/2017	LILIANA ALONSO-CRUZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
10/31/2017	LILIANA ALONSO-CRUZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
11/30/2017	LILIANA ALONSO-CRUZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
12/31/2017	LILIANA ALONSO-CRUZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	CALLISTUS AMAJOYI LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
8/31/2017	CALLISTUS AMAJOYI LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
9/30/2017	CALLISTUS AMAJOYI LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
10/31/2017	CALLISTUS AMAJOYI LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
11/30/2017	CALLISTUS AMAJOYI LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	CALLISTUS AMAJOYI LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
7/31/2017	CAROL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
8/31/2017	CAROL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
9/30/2017	CAROL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
10/31/2017	CAROL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	CAROL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
12/31/2017	CAROL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
7/31/2017	MICHAEL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
8/31/2017	MICHAEL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
9/30/2017	MICHAEL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	MICHAEL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
11/30/2017	MICHAEL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
12/31/2017	MICHAEL ANDERSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
7/31/2017	GLEN ARNOLD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
8/31/2017	GLEN ARNOLD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	GLEN ARNOLD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
10/31/2017	GLEN ARNOLD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
11/30/2017	GLEN ARNOLD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
12/31/2017	GLEN ARNOLD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
7/31/2017	JULISSA BARTON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$191.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	JULISSA BARTON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$191.40	
9/30/2017	JULISSA BARTON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$191.40	
10/31/2017	JULISSA BARTON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$191.40	
11/30/2017	JULISSA BARTON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$191.40	
12/31/2017	JULISSA BARTON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$191.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	HARALD BECK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
8/31/2017	HARALD BECK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
9/30/2017	HARALD BECK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
10/31/2017	HARALD BECK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
11/30/2017	HARALD BECK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	HARALD BECK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
7/31/2017	ELLEN BERAUD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REGISTERED DIET SF	$10.00	$108.00	
8/31/2017	ELLEN BERAUD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REGISTERED DIET SF	$10.00	$108.00	
9/30/2017	ELLEN BERAUD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REGISTERED DIET SF	$10.00	$108.00	
10/31/2017	ELLEN BERAUD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REGISTERED DIET SF	$10.00	$108.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	KATHLEEN BOWSHER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$20.00	$248.00	
8/31/2017	KATHLEEN BOWSHER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$20.00	$248.00	
9/30/2017	KATHLEEN BOWSHER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$20.00	$248.00	
10/31/2017	KATHLEEN BOWSHER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$20.00	$248.00	
11/30/2017	KATHLEEN BOWSHER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$20.00	$248.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	KATHLEEN BOWSHER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$20.00	$248.00	
7/31/2017	CYNTHIA BRANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
8/31/2017	CYNTHIA BRANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
9/30/2017	CYNTHIA BRANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
10/31/2017	CYNTHIA BRANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	CYNTHIA BRANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
12/31/2017	CYNTHIA BRANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
7/31/2017	GLENNA BRINEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	GLENNA BRINEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
9/30/2017	GLENNA BRINEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	GLENNA BRINEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
11/30/2017	GLENNA BRINEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	GLENNA BRINEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	CARMEN BRIONES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$270.00	
8/31/2017	CARMEN BRIONES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$270.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	CARMEN BRIONES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$270.00	
10/31/2017	CARMEN BRIONES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$270.00	
7/31/2017	LESLIE CAREY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	LESLIE CAREY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
9/30/2017	LESLIE CAREY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	LESLIE CAREY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
11/30/2017	LESLIE CAREY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	LESLIE CAREY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	KENNETH CARMEAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/R SF	$26.20	$322.40	
8/31/2017	KENNETH CARMEAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/R SF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	KENNETH CARMEAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/R SF	$26.20	$322.40	
10/31/2017	KENNETH CARMEAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/R SF	$26.20	$322.40	
11/30/2017	KENNETH CARMEAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/R SF	$26.20	$322.40	
12/31/2017	KENNETH CARMEAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/R SF	$26.20	$322.40	
7/31/2017	STEVEN CARTWRIGHT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	STEVEN CARTWRIGHT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$10.00	$128.00	
9/30/2017	STEVEN CARTWRIGHT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$10.00	$128.00	
10/31/2017	STEVEN CARTWRIGHT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$10.00	$128.00	
11/30/2017	STEVEN CARTWRIGHT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$10.00	$128.00	
12/31/2017	STEVEN CARTWRIGHT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	JOSEPH CLAYBAUGH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
8/31/2017	JOSEPH CLAYBAUGH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
9/30/2017	JOSEPH CLAYBAUGH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
10/31/2017	JOSEPH CLAYBAUGH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
11/30/2017	JOSEPH CLAYBAUGH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	JOSEPH CLAYBAUGH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
7/31/2017	TONI CLUSE-PAYNE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$25.00	$308.00	
8/31/2017	TONI CLUSE-PAYNE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$25.00	$308.00	
9/30/2017	TONI CLUSE-PAYNE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$25.00	$308.00	
10/31/2017	TONI CLUSE-PAYNE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$25.00	$308.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	TONI CLUSE-PAYNE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$25.00	$308.00	
12/31/2017	TONI CLUSE-PAYNE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$25.00	$308.00	
7/31/2017	EDUARDO CONTRERAS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
8/31/2017	EDUARDO CONTRERAS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
9/30/2017	EDUARDO CONTRERAS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	EDUARDO CONTRERAS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
11/30/2017	EDUARDO CONTRERAS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
12/31/2017	EDUARDO CONTRERAS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
7/31/2017	CATHLEEN COOMBS-STEPHENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
8/31/2017	CATHLEEN COOMBS-STEPHENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	CATHLEEN COOMBS-STEPHENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
10/31/2017	CATHLEEN COOMBS-STEPHENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
11/30/2017	CATHLEEN COOMBS-STEPHENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
12/31/2017	CATHLEEN COOMBS-STEPHENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
7/31/2017	MICHELLE COURTOIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	MICHELLE COURTOIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
9/30/2017	MICHELLE COURTOIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
10/31/2017	MICHELLE COURTOIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
11/30/2017	MICHELLE COURTOIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
12/31/2017	MICHELLE COURTOIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	PAUL CRENSHAW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
8/31/2017	PAUL CRENSHAW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
9/30/2017	PAUL CRENSHAW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
10/31/2017	PAUL CRENSHAW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
11/30/2017	PAUL CRENSHAW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	PAUL CRENSHAW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
7/31/2017	PAULA CRIST LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$26.20	$322.40	
8/31/2017	PAULA CRIST LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$26.20	$322.40	
9/30/2017	PAULA CRIST LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$26.20	$322.40	
10/31/2017	PAULA CRIST LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	PAULA CRIST LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$26.20	$322.40	
12/31/2017	PAULA CRIST LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$26.20	$322.40	
7/31/2017	IDOLINDA DELEON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	IDOLINDA DELEON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
9/30/2017	IDOLINDA DELEON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	IDOLINDA DELEON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
11/30/2017	IDOLINDA DELEON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	IDOLINDA DELEON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	MICHAEL EHLERS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	MICHAEL EHLERS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	MICHAEL EHLERS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
10/31/2017	MICHAEL EHLERS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
11/30/2017	MICHAEL EHLERS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	MICHAEL EHLERS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	PETER FLORES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	PETER FLORES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$26.20	$322.40	
9/30/2017	PETER FLORES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$26.20	$322.40	
10/31/2017	PETER FLORES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$26.20	$322.40	
11/30/2017	PETER FLORES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$26.20	$322.40	
12/31/2017	PETER FLORES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	GERALD FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
8/31/2017	GERALD FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
9/30/2017	GERALD FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
10/31/2017	GERALD FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
11/30/2017	GERALD FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	GERALD FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
7/31/2017	MARIE FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	MARIE FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
9/30/2017	MARIE FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
10/31/2017	MARIE FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	MARIE FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	MARIE FOWLER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	LISA FREEMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA IND PROG COORD/SF	$10.00	$128.00	
8/31/2017	LISA FREEMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA IND PROG COORD/SF	$10.00	$128.00	
9/30/2017	LISA FREEMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA IND PROG COORD/SF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	LISA FREEMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA IND PROG COORD/SF	$10.00	$128.00	
11/30/2017	LISA FREEMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA IND PROG COORD/SF	$10.00	$128.00	
12/31/2017	LISA FREEMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA IND PROG COORD/SF	$10.00	$128.00	
7/31/2017	MARK GANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$322.40	
8/31/2017	MARK GANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	MARK GANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$322.40	
10/31/2017	MARK GANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$322.40	
11/30/2017	MARK GANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$322.40	
12/31/2017	MARK GANNON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$322.40	
7/31/2017	JOSEPH GREENE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	JOSEPH GREENE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
9/30/2017	JOSEPH GREENE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
10/31/2017	JOSEPH GREENE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
11/30/2017	JOSEPH GREENE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
12/31/2017	JOSEPH GREENE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	JUDY GUFFEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/D-SF	$26.20	$322.40	
8/31/2017	JUDY GUFFEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/D-SF	$26.20	$322.40	
9/30/2017	JUDY GUFFEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/D-SF	$26.20	$322.40	
10/31/2017	JUDY GUFFEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/D-SF	$26.20	$322.40	
11/30/2017	JUDY GUFFEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/D-SF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	JUDY GUFFEY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/D-SF	$26.20	$322.40	
7/31/2017	MEENA GUPTA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	MEENA GUPTA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
9/30/2017	MEENA GUPTA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
10/31/2017	MEENA GUPTA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	MEENA GUPTA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	MEENA GUPTA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	DEBRA HARDER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	DEBRA HARDER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
9/30/2017	DEBRA HARDER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	DEBRA HARDER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
11/30/2017	DEBRA HARDER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	DEBRA HARDER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	KITTY HASPEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$124.00	
8/31/2017	KITTY HASPEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$124.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	KITTY HASPEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$124.00	
10/31/2017	KITTY HASPEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$124.00	
11/30/2017	KITTY HASPEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$124.00	
12/31/2017	KITTY HASPEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$124.00	
7/31/2017	JUDITH HERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	JUDITH HERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
9/30/2017	JUDITH HERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
10/31/2017	JUDITH HERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
11/30/2017	JUDITH HERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
12/31/2017	JUDITH HERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	ARTURO HERNANDEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
8/31/2017	ARTURO HERNANDEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
9/30/2017	ARTURO HERNANDEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
10/31/2017	ARTURO HERNANDEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
11/30/2017	ARTURO HERNANDEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	ARTURO HERNANDEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
7/31/2017	MILDRED INGRAM LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
8/31/2017	MILDRED INGRAM LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
9/30/2017	MILDRED INGRAM LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
10/31/2017	MILDRED INGRAM LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	MILDRED INGRAM LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
12/31/2017	MILDRED INGRAM LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$26.20	$322.40	
7/31/2017	YVETTE JAMES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$314.40	
8/31/2017	YVETTE JAMES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$314.40	
9/30/2017	YVETTE JAMES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$314.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	YVETTE JAMES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$314.40	
11/30/2017	YVETTE JAMES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$314.40	
12/31/2017	YVETTE JAMES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$314.40	
7/31/2017	ELAINA JANNELL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
8/31/2017	ELAINA JANNELL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	ELAINA JANNELL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
10/31/2017	ELAINA JANNELL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
11/30/2017	ELAINA JANNELL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
12/31/2017	ELAINA JANNELL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
7/31/2017	AUDREY JEUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	AUDREY JEUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
9/30/2017	AUDREY JEUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
10/31/2017	AUDREY JEUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
11/30/2017	AUDREY JEUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
12/31/2017	AUDREY JEUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	ABDUL JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA MUSLIM CHAPLIN	$26.20	$322.40	
8/31/2017	ABDUL JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA MUSLIM CHAPLIN	$26.20	$322.40	
9/30/2017	ABDUL JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA MUSLIM CHAPLIN	$26.20	$322.40	
10/31/2017	ABDUL JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA MUSLIM CHAPLIN	$26.20	$322.40	
11/30/2017	ABDUL JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA MUSLIM CHAPLIN	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	ABDUL JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA MUSLIM CHAPLIN	$26.20	$322.40	
7/31/2017	DEBRA JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
8/31/2017	DEBRA JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
9/30/2017	DEBRA JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
10/31/2017	DEBRA JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	DEBRA JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
12/31/2017	DEBRA JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA BEHAVIOR SP I	$10.00	$128.00	
7/31/2017	DON JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
8/31/2017	DON JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
9/30/2017	DON JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	DON JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
11/30/2017	DON JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
12/31/2017	DON JOHNSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
7/31/2017	RAQUEL KEO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
8/31/2017	RAQUEL KEO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	RAQUEL KEO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
10/31/2017	RAQUEL KEO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
11/30/2017	RAQUEL KEO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
12/31/2017	RAQUEL KEO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
7/31/2017	BRIAN KINNAIRD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	BRIAN KINNAIRD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
9/30/2017	BRIAN KINNAIRD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
10/31/2017	BRIAN KINNAIRD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
11/30/2017	BRIAN KINNAIRD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
12/31/2017	BRIAN KINNAIRD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	KELLY KRUEGER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$126.00	
8/31/2017	KELLY KRUEGER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$126.00	
9/30/2017	KELLY KRUEGER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$126.00	
10/31/2017	KELLY KRUEGER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$126.00	
11/30/2017	KELLY KRUEGER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$126.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	KELLY KRUEGER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$126.00	
7/31/2017	AINAH LEE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$126.00	
8/31/2017	AINAH LEE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$126.00	
9/30/2017	AINAH LEE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$126.00	
10/31/2017	AINAH LEE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$126.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	AINAH LEE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$126.00	
12/31/2017	AINAH LEE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$126.00	
7/31/2017	BENJAMIN LOPEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$26.20	$322.40	
8/31/2017	BENJAMIN LOPEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$26.20	$322.40	
9/30/2017	BENJAMIN LOPEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	BENJAMIN LOPEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$26.20	$322.40	
11/30/2017	BENJAMIN LOPEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$26.20	$322.40	
12/31/2017	BENJAMIN LOPEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$26.20	$322.40	
7/31/2017	JEAN LUCKMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	JEAN LUCKMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	JEAN LUCKMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
10/31/2017	JEAN LUCKMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
11/30/2017	JEAN LUCKMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	JEAN LUCKMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	LEN LULOW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	LEN LULOW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
9/30/2017	LEN LULOW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
10/31/2017	LEN LULOW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
11/30/2017	LEN LULOW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
12/31/2017	LEN LULOW LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	MARLA MACIEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	MARLA MACIEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
9/30/2017	MARLA MACIEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
10/31/2017	MARLA MACIEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
11/30/2017	MARLA MACIEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	MARLA MACIEL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	REGINA MACK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
8/31/2017	REGINA MACK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
9/30/2017	REGINA MACK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
10/31/2017	REGINA MACK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	REGINA MACK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
12/31/2017	REGINA MACK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
7/31/2017	ANGELITA MAEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CONSULT PSYCH	$10.00	$126.00	
8/31/2017	ANGELITA MAEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CONSULT PSYCH	$10.00	$126.00	
9/30/2017	ANGELITA MAEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CONSULT PSYCH	$10.00	$126.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	ANGELITA MAEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CONSULT PSYCH	$10.00	$126.00	
11/30/2017	ANGELITA MAEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CONSULT PSYCH	$10.00	$126.00	
12/31/2017	ANGELITA MAEZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CONSULT PSYCH	$10.00	$126.00	
7/31/2017	CYNTHIA MCCABE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
8/31/2017	CYNTHIA MCCABE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	CYNTHIA MCCABE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
10/31/2017	CYNTHIA MCCABE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
11/30/2017	CYNTHIA MCCABE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
12/31/2017	CYNTHIA MCCABE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
7/31/2017	TODD MCCLINTOCK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	TODD MCCLINTOCK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
9/30/2017	TODD MCCLINTOCK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
10/31/2017	TODD MCCLINTOCK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
11/30/2017	TODD MCCLINTOCK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
12/31/2017	TODD MCCLINTOCK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	KRISTI MCWHORTER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CHILD NUTRN CONSLT	$10.00	$128.00	
8/31/2017	KRISTI MCWHORTER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CHILD NUTRN CONSLT	$10.00	$128.00	
9/30/2017	KRISTI MCWHORTER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CHILD NUTRN CONSLT	$10.00	$128.00	
10/31/2017	KRISTI MCWHORTER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CHILD NUTRN CONSLT	$10.00	$128.00	
11/30/2017	KRISTI MCWHORTER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CHILD NUTRN CONSLT	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	KRISTI MCWHORTER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CHILD NUTRN CONSLT	$10.00	$128.00	
7/31/2017	JANIE MORRIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
8/31/2017	JANIE MORRIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
9/30/2017	JANIE MORRIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
10/31/2017	JANIE MORRIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	JANIE MORRIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
12/31/2017	JANIE MORRIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
7/31/2017	MONA MOSK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
8/31/2017	MONA MOSK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
9/30/2017	MONA MOSK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	MONA MOSK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
11/30/2017	MONA MOSK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
12/31/2017	MONA MOSK LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
7/31/2017	DAISY NAUROTH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
8/31/2017	DAISY NAUROTH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	DAISY NAUROTH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
10/31/2017	DAISY NAUROTH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
11/30/2017	DAISY NAUROTH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
12/31/2017	DAISY NAUROTH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
7/31/2017	ADRIANNE NELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	ADRIANNE NELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
9/30/2017	ADRIANNE NELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
10/31/2017	ADRIANNE NELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
11/30/2017	ADRIANNE NELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
12/31/2017	ADRIANNE NELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	MINH NGUYEN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
8/31/2017	MINH NGUYEN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
9/30/2017	MINH NGUYEN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
10/31/2017	MINH NGUYEN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
11/30/2017	MINH NGUYEN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	MINH NGUYEN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
7/31/2017	JOSE OJEDA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CATHOLIC CHAPLAIN	$26.20	$322.40	
8/31/2017	JOSE OJEDA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CATHOLIC CHAPLAIN	$26.20	$322.40	
9/30/2017	JOSE OJEDA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CATHOLIC CHAPLAIN	$26.20	$322.40	
10/31/2017	JOSE OJEDA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CATHOLIC CHAPLAIN	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	JOSE OJEDA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CATHOLIC CHAPLAIN	$26.20	$322.40	
12/31/2017	JOSE OJEDA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CATHOLIC CHAPLAIN	$26.20	$322.40	
7/31/2017	VICTOR PACHECO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
8/31/2017	VICTOR PACHECO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
9/30/2017	VICTOR PACHECO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	VICTOR PACHECO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
11/30/2017	VICTOR PACHECO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
12/31/2017	VICTOR PACHECO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
7/31/2017	ARMANDA PRUITT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
8/31/2017	ARMANDA PRUITT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	ARMANDA PRUITT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
10/31/2017	ARMANDA PRUITT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
11/30/2017	ARMANDA PRUITT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
12/31/2017	ARMANDA PRUITT LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
7/31/2017	LEANNA QUINTANA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	LEANNA QUINTANA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
9/30/2017	LEANNA QUINTANA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
10/31/2017	LEANNA QUINTANA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
11/30/2017	LEANNA QUINTANA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
12/31/2017	LEANNA QUINTANA LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	SAMUEL QUIROZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
8/31/2017	SAMUEL QUIROZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
9/30/2017	SAMUEL QUIROZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
10/31/2017	SAMUEL QUIROZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
11/30/2017	SAMUEL QUIROZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	SAMUEL QUIROZ LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
7/31/2017	GLORIA REYES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
8/31/2017	GLORIA REYES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
9/30/2017	GLORIA REYES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
10/31/2017	GLORIA REYES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	GLORIA REYES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
12/31/2017	GLORIA REYES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
7/31/2017	NADINE ROBERSON-JONES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$26.20	$322.40	
8/31/2017	NADINE ROBERSON-JONES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$26.20	$322.40	
9/30/2017	NADINE ROBERSON-JONES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	NADINE ROBERSON-JONES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$26.20	$322.40	
11/30/2017	NADINE ROBERSON-JONES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$26.20	$322.40	
12/31/2017	NADINE ROBERSON-JONES LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$26.20	$322.40	
7/31/2017	OLIVIA RUBIO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
8/31/2017	OLIVIA RUBIO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	OLIVIA RUBIO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
10/31/2017	OLIVIA RUBIO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
11/30/2017	OLIVIA RUBIO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
12/31/2017	OLIVIA RUBIO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$10.00	$128.00	
7/31/2017	MELODY SAMUELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$126.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	MELODY SAMUELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$126.00	
9/30/2017	MELODY SAMUELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$126.00	
10/31/2017	MELODY SAMUELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$126.00	
11/30/2017	MELODY SAMUELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$126.00	
12/31/2017	MELODY SAMUELSON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$10.00	$126.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	GARY SANTOS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
8/31/2017	GARY SANTOS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
9/30/2017	GARY SANTOS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
10/31/2017	GARY SANTOS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
11/30/2017	GARY SANTOS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	GARY SANTOS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$10.00	$128.00	
7/31/2017	ANNALISA SHERMAN WALLACE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA P H NUTRI C III SP	$26.20	$322.40	
8/31/2017	ANNALISA SHERMAN WALLACE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA P H NUTRI C III SP	$26.20	$322.40	
9/30/2017	ANNALISA SHERMAN WALLACE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA P H NUTRI C III SP	$26.20	$322.40	
10/31/2017	ANNALISA SHERMAN WALLACE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA P H NUTRI C III SP	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	ANNALISA SHERMAN WALLACE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA P H NUTRI C III SP	$26.20	$322.40	
12/31/2017	ANNALISA SHERMAN WALLACE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA P H NUTRI C III SP	$26.20	$322.40	
7/31/2017	ERIN SICARD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$26.20	$322.40	
8/31/2017	ERIN SICARD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$26.20	$322.40	
9/30/2017	ERIN SICARD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	ERIN SICARD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$26.20	$322.40	
11/30/2017	ERIN SICARD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$26.20	$322.40	
12/31/2017	ERIN SICARD LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR PSYCH CF/SP	$26.20	$322.40	
7/31/2017	SHIRLEY SIMMONS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
8/31/2017	SHIRLEY SIMMONS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	SHIRLEY SIMMONS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
10/31/2017	SHIRLEY SIMMONS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
11/30/2017	SHIRLEY SIMMONS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
12/31/2017	SHIRLEY SIMMONS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
7/31/2017	STEVEN SKALISKY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$288.20	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	STEVEN SKALISKY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$288.20	
9/30/2017	STEVEN SKALISKY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$288.20	
10/31/2017	STEVEN SKALISKY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$288.20	
11/30/2017	STEVEN SKALISKY LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PHARMACIST I	$26.20	$288.20	
7/31/2017	GERALDINE STEARNS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	GERALDINE STEARNS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
9/30/2017	GERALDINE STEARNS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
10/31/2017	GERALDINE STEARNS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
11/30/2017	GERALDINE STEARNS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
12/31/2017	GERALDINE STEARNS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	CHRISTINE STEVENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
8/31/2017	CHRISTINE STEVENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
9/30/2017	CHRISTINE STEVENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
10/31/2017	CHRISTINE STEVENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
11/30/2017	CHRISTINE STEVENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	CHRISTINE STEVENS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$10.00	$128.00	
7/31/2017	JENNIFER STICE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/A SF	$26.20	$322.40	
8/31/2017	JENNIFER STICE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/A SF	$26.20	$322.40	
9/30/2017	JENNIFER STICE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/A SF	$26.20	$322.40	
10/31/2017	JENNIFER STICE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/A SF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	JENNIFER STICE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/A SF	$26.20	$322.40	
12/31/2017	JENNIFER STICE LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST F/A SF	$26.20	$322.40	
7/31/2017	CHARLES TAYLOR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
8/31/2017	CHARLES TAYLOR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
9/30/2017	CHARLES TAYLOR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	CHARLES TAYLOR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
11/30/2017	CHARLES TAYLOR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
12/31/2017	CHARLES TAYLOR LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
7/31/2017	DAVID TEPPERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
8/31/2017	DAVID TEPPERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	DAVID TEPPERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
10/31/2017	DAVID TEPPERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
11/30/2017	DAVID TEPPERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	DAVID TEPPERMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
7/31/2017	TROY THOMISON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$20.00	$248.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	TROY THOMISON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$20.00	$248.00	
9/30/2017	TROY THOMISON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$20.00	$248.00	
10/31/2017	TROY THOMISON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$20.00	$248.00	
11/30/2017	TROY THOMISON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$20.00	$248.00	
12/31/2017	TROY THOMISON LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REC THERPST CF	$20.00	$248.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	VASILICA VASILESCU LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
8/31/2017	VASILICA VASILESCU LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
9/30/2017	VASILICA VASILESCU LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
10/31/2017	VASILICA VASILESCU LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
11/30/2017	VASILICA VASILESCU LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	VASILICA VASILESCU LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$322.40	
7/31/2017	KEASHA WALTON ELLIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$191.40	
8/31/2017	KEASHA WALTON ELLIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$191.40	
9/30/2017	KEASHA WALTON ELLIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$191.40	
10/31/2017	KEASHA WALTON ELLIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$191.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	KEASHA WALTON ELLIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$191.40	
12/31/2017	KEASHA WALTON ELLIS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$26.20	$191.40	
7/31/2017	ELIZABETH WANTUCH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
8/31/2017	ELIZABETH WANTUCH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
9/30/2017	ELIZABETH WANTUCH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	ELIZABETH WANTUCH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
11/30/2017	ELIZABETH WANTUCH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
12/31/2017	ELIZABETH WANTUCH LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$10.00	$128.00	
7/31/2017	DEBRA WEBB LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$50.00	$608.00	
8/31/2017	DEBRA WEBB LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$50.00	$608.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	DEBRA WEBB LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$50.00	$608.00	
10/31/2017	DEBRA WEBB LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$50.00	$608.00	
11/30/2017	DEBRA WEBB LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$50.00	$608.00	
12/31/2017	DEBRA WEBB LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH-CLINIC CF	$50.00	$608.00	
7/31/2017	JUSTIN WEBER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	JUSTIN WEBER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
9/30/2017	JUSTIN WEBER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
10/31/2017	JUSTIN WEBER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
11/30/2017	JUSTIN WEBER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
12/31/2017	JUSTIN WEBER LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA CLIN SOC WORK SAF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	LISA WESTPHAL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REGISTERED DIET SF	$10.00	$128.00	
8/31/2017	LISA WESTPHAL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REGISTERED DIET SF	$10.00	$128.00	
9/30/2017	LISA WESTPHAL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REGISTERED DIET SF	$10.00	$128.00	
10/31/2017	LISA WESTPHAL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REGISTERED DIET SF	$10.00	$128.00	
11/30/2017	LISA WESTPHAL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REGISTERED DIET SF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	LISA WESTPHAL LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REGISTERED DIET SF	$10.00	$128.00	
7/31/2017	KATHLEEN WIGGINS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
8/31/2017	KATHLEEN WIGGINS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
9/30/2017	KATHLEEN WIGGINS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
10/31/2017	KATHLEEN WIGGINS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
11/30/2017	KATHLEEN WIGGINS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
12/31/2017	KATHLEEN WIGGINS LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA LIC PROG ANLYST	$10.00	$128.00	
7/31/2017	HYUNHEE WOO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
8/31/2017	HYUNHEE WOO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
9/30/2017	HYUNHEE WOO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
10/31/2017	HYUNHEE WOO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
11/30/2017	HYUNHEE WOO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
12/31/2017	HYUNHEE WOO LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA REHAB TH ST/M SF	$10.00	$128.00	
7/31/2017	JOHN XIONG-CHAPMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
8/31/2017	JOHN XIONG-CHAPMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
9/30/2017	JOHN XIONG-CHAPMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
10/31/2017	JOHN XIONG-CHAPMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
11/30/2017	JOHN XIONG-CHAPMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
12/31/2017	JOHN XIONG-CHAPMAN LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PSYCH/HF-CLINCL-SF	$26.20	$322.40	
7/31/2017	JOEL YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
8/31/2017	JOEL YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$10.00	$128.00	
9/30/2017	JOEL YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$10.00	$128.00	
10/31/2017	JOEL YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$10.00	$128.00	
11/30/2017	JOEL YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$10.00	$128.00	
12/31/2017	JOEL YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA PROTESTNT CHAPLAIN	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
7/31/2017	MAUREEN YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
8/31/2017	MAUREEN YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
9/30/2017	MAUREEN YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
10/31/2017	MAUREEN YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
11/30/2017	MAUREEN YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
			SUBTOTAL			

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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)
12/31/2017	MAUREEN YOUNG LOS ANGELES, CA 90020	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	STATE OF CALIFORNIA SR VOC REHAB CONSL	$10.00	$128.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $10,324.80

*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 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. NUMBER
850523

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
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS								

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 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

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
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ 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

CALIFORNIA FORM **460**

Statement covers period
from 07/01/2017
through 12/31/2017

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. Number
850523

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	AFSCME LOCAL 2620 LOS ANGELES, CA 90020	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC			$0.00	$0.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL** $0.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) $0.00
2. Amount received this period - unitemized nonmonetary contributions of less than $100 ..... $0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** $0.00

*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

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period
from 07/01/2017
through 12/31/2017

SCHEDULE D
CALIFORNIA FORM 460

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. NUMBER
850523

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)
9/20/2017	Payee Name: FRIENDS OF JOSH NEWMAN OPPOSED TO THE RECALL Candidate Name: RECALL OF JOSH NEWMAN State Senator District 29 Jurisdiction: Senate ☐ Support ■ Oppose	■ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		$5,000.00	$5,000.00	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				

SUBTOTAL $5,000.00

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) $5,000.00

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.) ..... **TOTAL** $5,000.00

Schedule E
Payments Made

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

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. NUMBER
850523

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
FRIENDS OF JOSH NEWMAN OPPOSED TO THE RECALL LONG BEACH, CA 90807 Committee ID: 1396225	CTB		$5,000.00
WOMEN AND GIRLS FUND SACRAMENTO, CA 95814	CVC		$1,000.00
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO		$1,059.29

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

SUBTOTAL

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) $7,639.33
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.) ..... **TOTAL** $7,639.33

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. NUMBER
850523

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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO		$530.04
SECRETARY OF STATE SACRAMENTO, CA 95814	OFC		$50.00

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

SUBTOTAL $7,639.33

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. NUMBER
850523

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 (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
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO	$1,059.29	$0.00	$1,059.29	$0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS**	$1,059.29	$0.00	$1,059.29	$0.00

Schedule F Summary

1. 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** $0.00
2. 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** $1,059.29
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** ($1,059.29)
   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.

SCHEDULE G

CALIFORNIA FORM 460

Statement covers period
from 07/01/2017
through 12/31/2017

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. NUMBER
850523

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 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. NUMBER
850523

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
				☐ PAID ☐ FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
				☐ PAID ☐ FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
	SUBTOTALS					(Enter (e) on Schedule I, Line 3)		

*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.

Schedule H Summary

1. Loans made this period ..... _____
(Total Column (b) plus unitemized loans less than $100.)

2. Payments received on loans ..... _____
(Total Column (c) plus unitemized payments less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET _____ (May be a negative number)
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

2210199-0

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 2620 POLITICAL ACTION COMMITTEE

I.D. NUMBER
850523

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $.00

Schedule I Summary

1. Increases to cash of $100 or more this period..... $.00
2. Unitemized increases to cash under $100 this period..... $.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... $.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** $.00

Memo Reference:

*ALL CONTRIBUTIONS RECEIVED VIA AFSCME LOCAL 2620 AS INTERMEDIARY.