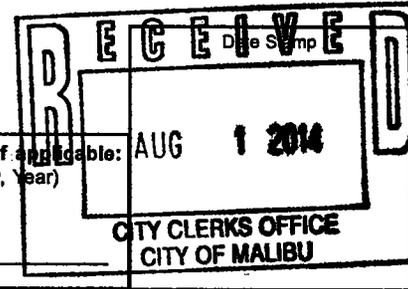


**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.



COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 29

For Official Use Only

Statement covers period
from 01/01/2014
through 06/30/2014

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

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1365593

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

Save Malibu - a Coalition of Citizens to Preserve Malibu

STREET ADDRESS (NO P.O. BOX)

777 S. Figueroa St., Suite 4050

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 452-6565

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

PO Box 290

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90078	

OPTIONAL: FAX / E-MAIL ADDRESS

(213) 452-6575/sshin@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER

Michele Singer Reiner

MAILING ADDRESS

777 S. Figueroa St., Suite 4050

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 452-6565

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7-30-14
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Michele Singer Reiner
Signature of Treasurer or Assistant Treasurer

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

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

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

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

Type or print in Ink

COVER PAGE-PART 2

CALIFORNIA FORM 460
Page <u>2</u> of <u>29</u>

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 make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
Your Malibu, Your Decision Act

BALLOT NO. OR LETTER	JURISDICTION City of Malibu	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------------------------	--

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

OFFICE SOUGHT OR HELD _____ DISTRICT NO. IF ANY _____

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	CALIFORNIA FORM 460
from <u>1/1/2014</u> through <u>6/30/2014</u>	
Page <u>3</u> of <u>29</u>	

NAME OF FILER
Save Malibu - A Coalition of Citizens to Preserve Malibu

I.D. NUMBER
1365593

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$164,500.00	\$164,500.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$164,500.00	\$164,500.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$24,000.00	\$24,000.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$188,500.00	\$188,500.00

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

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

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$137,499.06	\$137,499.06
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$137,499.06	\$137,499.06
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$46,778.75	\$46,778.75
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$24,000.00	\$24,000.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$208,277.81	\$208,277.81

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy)	Total to Date
_____	_____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$0.00
13. Cash Receipts..... Column A, Line 3 above	\$164,500.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$137,499.06
16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15	\$27,000.94
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).

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

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	\$46,778.75

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
Page 4 of 29	

NAME OF FILER: Save Malibu - A Coalition of Citizens to Preserve Malibu I.D. NUMBER: 1365593

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/29/2014	Lou Adler 3969 Villa Costera Malibu, CA 90265-5151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Lou Adler	\$1,000.00	\$1,000.00	
05/05/2014	Christopher Albrecht 21700 Oxnard St Ste 2030 Woodland Hills, CA 91367-7545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive STARZ	\$5,000.00	\$5,000.00	
04/02/2014	James L. Brooks 10100 Santa Monica Blvd Ste 1050 Los Angeles, CA 90067-4143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer/Producer/Director Gracie Films	\$25,000.00	\$25,000.00	
05/06/2014	Keely Brosnan 3118 Broad Beach Rd. Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Kilkenny Productions	\$1,000.00	\$1,000.00	

SUBTOTAL \$32,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$164,500.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$164,500.00

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
Page 5 of 29	

NAME OF FILER: Save Malibu - A Coalition of Citizens to Preserve Malibu I.D. NUMBER: 1365593

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/22/2014	Susan Dolgen 301 N Canon Dr Ste 206 Beverly Hills, CA 90210-4721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Susan Dolgen	\$2,500.00	\$2,500.00	
05/21/2014	Dean Factor 23816 Malibu Rd Malibu, CA 90265-4604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Lindbrook Capital	\$1,000.00	\$1,000.00	
05/16/2014	Jeffrey Katzenberg 11400 W Olympic Blvd Ste 550 Los Angeles, CA 90064-1585	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Executive Dreamworks Animation	\$5,000.00	\$5,000.00	
04/21/2014	Ryan Kavanaugh 16030 Ventura Blvd Ste 380 Encino, CA 91436-2778	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Relativity Media	\$5,000.00	\$5,000.00	

SUBTOTAL \$13,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$164,500.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$0.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$164,500.00

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1/1/2014</u> through <u>6/30/2014</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>29</u>
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NAME OF FILER: Save Malibu - A Coalition of Citizens to Preserve Malibu I.D. NUMBER: 1365593

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/30/2014	Danny Moder 8383 Wilshire Blvd Ste 500 Beverly Hills, CA 90211-2408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cameraman Danny Moder	\$15,000.00	\$15,000.00	
05/13/2014	Leslie Moonves 10880 Wilshire Blvd Ste 2100 Los Angeles, CA 90024-4121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman & CEO CBS	\$10,000.00	\$10,000.00	
04/11/2014	Michele Singer Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	\$25,000.00	\$37,000.00	
04/11/2014	Robert Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Castle Rock	\$25,000.00	\$37,000.00	

SUBTOTAL \$75,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$164,500.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$164,500.00

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
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NAME OF FILER: Save Malibu - A Coalition of Citizens to Preserve Malibu I.D. NUMBER: 1365593

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/27/2014	Eric Roth 11812 San Vicente Blvd Ste 200 Los Angeles, CA 90049-6622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Eric Roth	\$1,500.00	\$1,500.00	
05/07/2014	George Shapiro 141 El Camino Dr Ste 205 Beverly Hills, CA 90212-2718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Personal Manager Shapiro/West and Associates	\$10,000.00	\$10,000.00	
04/02/2014	Ozzie Silna 23301 Palm Canyon Ln Malibu, CA 90265-4956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Action Embroidery	\$10,000.00	\$10,000.00	
05/16/2014	Steven Spielberg 11400 W Olympic Blvd Ste 550 Los Angeles, CA 90064-1585	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Film Director Stephen Spielberg	\$2,500.00	\$2,500.00	

SUBTOTAL \$24,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$164,500.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$164,500.00

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

FPPC Form 460 (January/05)

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1/1/2014</u> through <u>6/30/2014</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>29</u>

NAME OF FILER: Save Malibu - A Coalition of Citizens to Preserve Malibu I.D. NUMBER: 1365593

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/16/2014	Barbara Streisand 21731 Ventura Blvd Ste 300 Woodland Hills, CA 91364-1851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Singer/Actress/Philanthropist Barbara Streisand	\$10,000.00	\$10,000.00	
06/03/2014	Trudie Styler-Sumner 250 W 57th St Ste 1101 New York, NY 10107-1101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Actress/Producer Trudie Styler-Sumner	\$10,000.00	\$10,000.00	

SUBTOTAL \$20,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$164,500.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$164,500.00

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

**Schedule C
Nonmonetary Contributions Received**

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

Statement covers period	CALIFORNIA FORM 460
from <u>1/1/2014</u> through <u>6/30/2014</u>	
Page <u>9</u> of <u>29</u>	

NAME OF FILER: Save Malibu - A Coalition of Citizens to Preserve Malibu
I.D. NUMBER: 1365593

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)
01/01/2014	Michele Singer Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	Consulting Fees	\$2,000.00	\$37,000.00	
02/01/2014	Michele Singer Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	Consulting Fees	\$2,000.00	\$37,000.00	
03/01/2014	Michele Singer Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	Consulting Fees	\$2,000.00	\$37,000.00	

SUBTOTAL \$6,000.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.
(Include all Schedule C subtotals.)..... \$24,000.00

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 on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$24,000.00

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
Page 10 of 29	

NAME OF FILER
Save Malibu - A Coalition of Citizens to Preserve Malibu

I.D. NUMBER
1365593

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)
04/01/2014	Michele Singer Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	Consulting Fees	\$2,000.00	\$37,000.00	
05/01/2014	Michele Singer Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	Consulting Fees	\$2,000.00	\$37,000.00	
06/01/2014	Michele Singer Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	Consulting Fees	\$2,000.00	\$37,000.00	

SUBTOTAL \$6,000.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$24,000.00

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 on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$24,000.00

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

FPPC Form 460 (January/05)

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	1/1/2014	
through	6/30/2014	Page 11 of 29

NAME OF FILER: Save Malibu - A Coalition of Citizens to Preserve Malibu
I.D. NUMBER: 1365593

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)
01/01/2014	Robert Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Castle Rock	Consulting Fees	\$2,000.00	\$37,000.00	
02/01/2014	Robert Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Castle Rock	Consulting Fees	\$2,000.00	\$37,000.00	
03/01/2014	Robert Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Castle Rock	Consulting Fees	\$2,000.00	\$37,000.00	

SUBTOTAL \$6,000.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$24,000.00
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 on the Summary Page, Column A, Lines 4 and 10.).....	TOTAL \$24,000.00

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

FPPC Form 460 (January/05)

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
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NAME OF FILER: Save Malibu - A Coalition of Citizens to Preserve Malibu
I.D. NUMBER: 1365593

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)
04/01/2014	Robert Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Castle Rock	Consulting Fees	\$2,000.00	\$37,000.00	
05/01/2014	Robert Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Castle Rock	Consulting Fees	\$2,000.00	\$37,000.00	
06/01/2014	Robert Reiner 9171 Wilshire Blvd Ste 440 Beverly Hills, CA 90210-5515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Castle Rock	Consulting Fees	\$2,000.00	\$37,000.00	

SUBTOTAL \$6,000.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.
(Include all Schedule C subtotals.)..... \$24,000.00

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 on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$24,000.00

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
Page 13 of 29	

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amplified Strategies 1803 42nd Ave E Seattle, WA 98112-3200	PET		\$11,962.00
Amplified Strategies 1803 42nd Ave E Seattle, WA 98112-3200	POS		\$1,129.00
Anzalone Liszt Grove Research, Inc. 260 Commerce St Fl 4 Montgomery, AL 36104-2546	POL		\$13,600.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$26,691.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$137,395.06
2. Unitemized payments made this period of under \$100.....	\$104.00
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 \$137,499.06

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2014	
through	6/30/2014	Page 14 of 29

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Capital Strategies 14000 Old Harbor Ln Apt 302 Marina Del Rey, CA 90292-7311	CNS		\$2,000.00
Capital Strategies 14000 Old Harbor Ln Apt 302 Marina Del Rey, CA 90292-7311	CNS		\$18,000.00
First Bank Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC		\$142.67

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$20,142.67

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$137,395.06
2. Unitemized payments made this period of under \$100.....	\$104.00
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	\$137,499.06

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2014	Page	15 of 29
through	6/30/2014		

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Bank Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC		\$27.50
First Bank Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC		\$0.50
Griffin Schein 6565 W Sunset Blvd Ste 400 Los Angeles, CA 90028-7218	OFC		\$1,865.00

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

SUBTOTAL \$1,893.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$137,395.06
2. Unitemized payments made this period of under \$100.....	\$104.00
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 \$137,499.06

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2014	
through	6/30/2014	Page 16 of 29

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Griffin Schein 6565 W Sunset Blvd Ste 400 Los Angeles, CA 90028-7218	PRT		\$1,350.00
Kaufman Legal Group, APC 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864	PRO		\$1,495.50
Kaufman Legal Group, APC 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864	OFC		\$54.67

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$2,900.17

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$137,395.06
2. Unitemized payments made this period of under \$100.....	\$104.00
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 \$137,499.06

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
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NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group, APC 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864	PRO		\$2,520.00
Kaufman Legal Group, APC 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864	OFC		\$68.05
PCI Consultants, Inc. 26500 Agoura Rd # 102-146 Calabasas, CA 91302-1952	PET		\$5,724.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$8,312.05

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$137,395.06
2. Unitemized payments made this period of under \$100.....	\$104.00
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	\$137,499.06

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>1/1/2014</u> through <u>6/30/2014</u>	
Page <u>18</u> of <u>29</u>	

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PCI Consultants, Inc. 26500 Agoura Rd # 102-146 Calabasas, CA 91302-1952	CNS		\$5,000.00
PCI Consultants, Inc. 26500 Agoura Rd # 102-146 Calabasas, CA 91302-1952	PET		\$6,336.00
PCI Consultants, Inc. 26500 Agoura Rd # 102-146 Calabasas, CA 91302-1952	PET		\$19,139.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$30,475.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	<u>\$137,395.06</u>
2. Unitemized payments made this period of under \$100.....	<u>\$104.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	<u>\$0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL <u>\$137,499.06</u>

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
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NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RALLY 9171 Wilshire Blvd Ste 400 Beverly Hills, CA 90210-5516	OFC		\$437.10
Remcho, Johansen & Purcell, LLP 201 Dolores Ave San Leandro, CA 94577-5007	PRO		\$6,729.50
Remcho, Johansen & Purcell, LLP 201 Dolores Ave San Leandro, CA 94577-5007	PRO		\$31,153.47

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$38,320.07

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$137,395.06
2. Unitemized payments made this period of under \$100.....	\$104.00
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 \$137,499.06

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
Page 20 of 29	

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Felix Schein 6565 W Sunset Blvd Ste 400 Los Angeles, CA 90028-7218	FIL		\$200.00
Superoxygen, Inc. 10599 Wilshire Blvd Apt 212 Los Angeles, CA 90024-7623	LIT		\$2,500.00
The Monaco Group 1011 S Linwood Ave Santa Ana, CA 92705-4323	PET		\$2,556.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$5,256.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$137,395.06
2. Unitemized payments made this period of under \$100.....	\$104.00
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 \$137,499.06

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2014	
through	6/30/2014	Page 21 of 29

NAME OF FILER
Save Malibu - A Coalition of Citizens to Preserve Malibu

I.D. NUMBER
1365593

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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Monaco Group 1011 S Linwood Ave Santa Ana, CA 92705-4323	PET		\$1,614.80
The Monaco Group 1011 S Linwood Ave Santa Ana, CA 92705-4323	PET		\$1,789.80

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

SUBTOTAL \$3,404.60

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$137,395.06
2. Unitemized payments made this period of under \$100.....	\$104.00
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 \$137,499.06

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

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

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
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NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF 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
Capital Strategies 14000 Old Harbor Ln Apt 302 Marina Del Rey, CA 90292-7311	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00
Kaufman Legal Group, APC 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864	PRO	\$0.00	\$1,036.50	\$0.00	\$1,036.50
Kaufman Legal Group, APC 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864	OFC	\$0.00	\$54.77	\$0.00	\$54.77

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$6,091.27	\$0.00	\$6,091.27
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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 payments on accrued expenses under \$100.)	INCURRED TOTALS	<u>\$46,778.75</u>
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	<u>\$0.00</u>
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	<u>\$46,778.75</u> (May be a negative number)

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

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

Statement covers period	CALIFORNIA FORM 460
from <u>1/1/2014</u> through <u>6/30/2014</u>	
Page <u>23</u> of <u>29</u>	

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF 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
NGP VAN, Inc. 1101 15th St NW Ste 500 Washington, DC 20005-5006	OFC	\$0.00	\$312.50	\$0.00	\$312.50
RALLY 9171 Wilshire Blvd Ste 400 Beverly Hills, CA 90210-5516	OFC	\$0.00	\$852.50	\$0.00	\$852.50
RALLY 9171 Wilshire Blvd Ste 400 Beverly Hills, CA 90210-5516	FIL	\$0.00	\$200.00	\$0.00	\$200.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$1,365.00	\$0.00	\$1,365.00
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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 payments on accrued expenses under \$100.)	INCURRED TOTALS	<u>\$46,778.75</u>
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	<u>\$0.00</u>
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	<u>\$46,778.75</u> (May be a negative number)

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

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

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2014	Page	24 of 29
through	6/30/2014		

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF 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
RALLY 9171 Wilshire Blvd Ste 400 Beverly Hills, CA 90210-5516	WEB	\$0.00	\$1,500.00	\$0.00	\$1,500.00
Remcho, Johansen & Purcell, LLP 201 Dolores Ave San Leandro, CA 94577-5007	PRO	\$0.00	\$31,153.48	\$0.00	\$31,153.48
Remcho, Johansen & Purcell, LLP 201 Dolores Ave San Leandro, CA 94577-5007	PRO	\$0.00	\$4,469.00	\$0.00	\$4,469.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$37,122.48	\$0.00	\$37,122.48
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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 payments on accrued expenses under \$100.)	INCURRED TOTALS	\$46,778.75
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	\$0.00
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	\$46,778.75
		(May be a negative number)

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

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

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
Page 25 of 29	

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF 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
Superoxygen, Inc. 10599 Wilshire Blvd Apt 212 Los Angeles, CA 90024-7623	PRT	\$0.00	\$2,200.00	\$0.00	\$2,200.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$2,200.00	\$0.00	\$2,200.00
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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 payments on accrued expenses under \$100.)	INCURRED TOTALS	\$46,778.75
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	\$0.00
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	\$46,778.75 (May be a negative number)

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

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

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
Page 26 of 29	

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
NAME OF AGENT OR INDEPENDENT CONTRACTOR Superoxygen, Inc.	

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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

*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
The Malibu Times 3864 Las Flores Canyon Rd Malibu, CA 90265-5239	PRT		\$2,200.00

Attach additional information on appropriately labeled continuation sheets. **TOTAL*** \$2,200.00

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

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2014	Page	27 of 29
through	6/30/2014		

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
NAME OF AGENT OR INDEPENDENT CONTRACTOR Griffin Schein	

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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

*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
Malibu Surfside News 28990 Pacific Coast Hwy Ste 108 Malibu, CA 90265-3936	PRT		\$1,350.00
United States Postal Service 21229 Pacific Coast Hwy Malibu, CA 90265-5223	OFC		\$1,865.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3,215.00

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

FPPC For
 FPPC Toll-Free Helpline: 866/ASK-F

*For
 mailbox
 rental*

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

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

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460
from 1/1/2014	
through 6/30/2014	
Page 28 of 29	

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
NAME OF AGENT OR INDEPENDENT CONTRACTOR Amplified Strategies	

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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

*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
United States Postal Service 21229 Pacific Coast Hwy Malibu, CA 90265-5223	POS		\$1,129.00

Attach additional information on appropriately labeled continuation sheets. **TOTAL*** \$1,129.00

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

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

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

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

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460
from <u>1/1/2014</u> through <u>6/30/2014</u>	
Page <u>29</u> of <u>29</u>	

NAME OF FILER Save Malibu - A Coalition of Citizens to Preserve Malibu	I.D. NUMBER 1365593
NAME OF AGENT OR INDEPENDENT CONTRACTOR RALLY	

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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

*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
Ian Patrick Hines 744 Mago Vista Rd Arnold, MD 21012-1139	WEB		\$1,500.00
United States Postal Service 21229 Pacific Coast Hwy Malibu, CA 90265-5223	OFC		\$852.50

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.

FPPC Form
 FPPC Toll-Free Helpline: 866/ASK-FF

For Mailbox Rental

KAUFMAN LEGAL GROUP

M E M O R A N D U M

Adam R. Palaski
Political Accounts Supervisor

777 South Figueroa Street, Suite 4050
Los Angeles, California 90017

to: [REDACTED]
from: Adam R. Palaski
re: Form 460
file no.: MAL3436.001
date: July 31, 2014

Main: (213) 452-6565
Fax: (213) 452-6575

Enclosed for filing please find the following form(s):

- **Save Malibu – a Coalition of Citizens to Preserve Malibu - Form 460:**
1/1/2014-6/30/2014 (Original + 1 Copy + 1 Face Page)

Please conform the face page(s) and return to the undersigned in the enclosed self-addressed stamped envelope.

Thank you for your assistance.