

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	<b>CALIFORNIA 2001/02 FORM</b>	<b>460</b>
	Page <u>1</u> of <u>20</u>	
For Official Use Only		

<b>Statement covers period</b>	<b>Date of election if applicable:</b> (Month, Day, Year)
from <u>9/20/2020</u>	_____
through <u>10/17/2020</u>	_____

SEE INSTRUCTIONS ON REVERSE

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

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

### 2. Type of Statement:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement                            | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement                                       | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                   |   |

### 3. Committee Information

I.D. NUMBER  
1287571

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)  
9971 BASE LINE ROAD

CITY ELVERTA	STATE CA	ZIP CODE 956269411	AREA CODE/PHONE (530) 346-4246
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS  
californiataxfighters@gmail.com

### Treasurer(s)

NAME OF TREASURER  
Thomas Hudson

MAILING ADDRESS  
9971 Baseline Road

CITY Elverta	STATE CA	ZIP CODE 956269411	AREA CODE/PHONE (530) 346-4246
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

### 4. Verification

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

Executed on 10/22/2020  
Date

By \_\_\_\_\_  
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.

COVER PAGE - PART 2

**CALIFORNIA**  
**FORM 460**

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## 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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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? <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

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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## 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Attach continuation sheets if necessary**

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>20</u>
I.D. NUMBER 1287571	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$12,500.00	\$166,800.00
2. Loans Received ..... <i>Schedule B, Line 3</i>	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$12,500.00	\$166,800.00
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$12,500.00	\$166,800.00

### 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	_____	_____

	Column A	Column B
<b>Expenditures Made</b>		
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$103,053.60	\$149,744.68
7. Loans Made ..... <i>Schedule H, Line 3</i>	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$103,053.60	\$149,744.68
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	\$0.00	\$0.00
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$103,053.60	\$149,744.68

### 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
_____	_____
_____	_____

	Column A
<b>Current Cash Statement</b>	
12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$124,544.58
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	\$12,500.00
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	\$16.91
15. Cash Payments ..... <i>Column A, Line 8 above</i>	\$103,053.60
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$34,007.89
<i>If this is a termination statement, Line 16 must be zero.</i>	

To calculate Column B, add amounts in Column A to the corresponding amount 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 Column B.

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$0.00
--	--------

	Column A
<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$0.00
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$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 <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>20</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

I.D. NUMBER  
1287571

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)
10/12/2020	Pivot Strategies 108 Saddle Rock Court Roseville, CA 95747	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EMPLOYER: Pivot Strategies	\$2,500.00	\$2,500.00	
10/17/2020	Vierra Dairy Farms 23160 Williams Avenue (Post Office Box 1350) Hilmar, CA 95324	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
10/17/2020	Prashanth Eswarapu 38536 Mary Ter. Fremont, CA 94538  Memo Reference: 1	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Software Engineer EMPLOYER: Infosys	\$5,000.00	\$5,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

## Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$12,500.00
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 and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$12,500.00</b>

\*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 B - Part 1 Loans Received

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

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

I.D. NUMBER  
1287571

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
		<b>SUBTOTAL \$</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>		

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

## Schedule B Summary

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	\$0.00
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.)	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.	<b>NET \$0.00</b> (May be a negative number)

**\*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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
 \*\* If required.

# Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

I.D. NUMBER  
1287571

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

## Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (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 (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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

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

SCHEDULE D

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>20</u>	
I.D. NUMBER 1287571	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

DATE	NAME OF CANDIDATE, 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)
9/21/2020	Christina Shea Office Description: Mayor of Irvine City of Irvine Jurisdiction: City of Irvine	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Purchased placement on slate mailers for Christina Shea  Memo Reference: 2	\$13,141.00	\$13,141.00	2020 G: \$13,141.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/21/2020	Carrie O'Malley Office Description: Irvine City Counsel City of Irvine Jurisdiction: City of Irvine	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Paid for placement on various slate mailers  Memo Reference: 3	\$2,407.00	\$2,407.00	2020 G: \$2,407.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/21/2020	John Park Office Description: Irvine City Counsel City of Irvine Jurisdiction: City of Irvine	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Paid for placement on a slate mailer  Memo Reference: 4	\$1,196.00	\$1,196.00	2020 G: \$1,196.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>						

## Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$102,945.86
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.)	\$102,945.86

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

I.D. NUMBER  
1287571

DATE	NAME OF CANDIDATE, 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)
10/1/2020	Larry Agran Office Description: Mayor of Irvine Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Designed, printed, & mailed literature in opposition to Larry Agran	\$83,940.82	\$83,940.82	2020 G: \$83,940.82
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Memo Reference: 5			
10/14/2020	Sanford S. (Sandy) Davidson Office Description: Palos Verdes Estates City Council Jurisdiction: City Palos Verdes Estates	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Designed, printed, & mailed literature in opposition to Sandy Davidson	\$2,261.04	\$2,261.04	2020 G: \$2,261.04
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>						

# Schedule E Payments Made

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

SCHEDULE E

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1287571	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

**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
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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Landslide Communications, Inc. 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT	Payment for placement in slate mailers	\$8,949.00
Memo Reference: 6 Cal Sal Voter Guide 22410 Hawthorne Blvd., Suite 5 Torrance, CA 90505 COMMITTEE ID: 1368249	LIT	Purchased placement on a slate mailer for Christina Shea	\$589.00
California Voter Guide 22410 Hawthorne Blvd., Suite 5 Torrance, CA 90505 COMMITTEE ID: 595-004	LIT	Purchased placement on a slate mailer for Christina Shea	\$523.00

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payment made this period. (Include all Schedule E subtotals.) .....	\$103,053.60
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.) .....	\$103,053.60

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

I.D. NUMBER  
1287571

**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
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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Election Digest 22410 Hawthorne Blvd., Suite 5 Torrance, CA 90505 COMMITTEE ID: 1345303	LIT	Purchased placement on a slate mailer for Christina Shea	\$1,196.00
Budget Watchdogs Newsletter 22410 Hawthorne Blvd., Suite 5 Torrance, CA 90505 COMMITTEE ID: 1345115	LIT	Purchased placement on a slate mailer for Christina Shea	\$1,884.00
Budget Watchdogs Newsletter 22410 Hawthorne Blvd., Suite 5 Torrance, CA 90505 COMMITTEE ID: 1345115	LIT	Purchased placement on a slate mailer for Carrie O'Malley	\$1,884.00
California Voter Guide 22410 Hawthorne Blvd., Suite 5 Torrance, CA 90505 COMMITTEE ID: 595-004	LIT	Purchased placement on a slate mailer for Carrie O'Malley	\$523.00
Election Digest 22410 Hawthorne Blvd., Suite 5 Torrance, CA 90505 COMMITTEE ID: 1345303	LIT	Purchased placement on a slate mailer for John Park	\$1,196.00

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

**SUBTOTAL \$**

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>20</u>
I.D. NUMBER 1287571	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

**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
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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Best Buy 1236 Galleria Boulevard Roseville, CA 95678	OFC	External hard drive for data backup	\$107.74
Bieber Communications, Inc. 3609 West MacArthur Blvd., #811 Santa Ana, CA 92704	LIT	Designed, printed, & mailed literature in opposition to Larry Agran	\$83,940.82
Memo Reference: 7 JC Evans, Inc. 150 South Highway 160, #8-121 Pahrump, NV 89048	LIT	Designed, printed, & mailed literature in opposition to Sandy Davidson	\$2,261.04

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

**SUBTOTAL \$**

# Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>20</u>
I.D. NUMBER 1287571	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

**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
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, 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 CLOSING OF THIS PERIOD
<b>SUBTOTAL \$</b>			<b>\$</b>	<b>\$</b>	<b>\$</b>

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

**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	\$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	\$0.00
		(May be a negative number)

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

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

Statement covers period from <u>9/20/2020</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/17/2020</u>	
Page <u>13</u> of <u>20</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 CALIFORNIA TAXPAYER PROTECTION COMMITTEE

I.D. NUMBER  
 1287571

NAME OF AGENT OR INDEPENDENT CONTRACTOR

See below for 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                              |
| 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, 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
AGENT/INDEPENDENT CONTRACTOR: Landslide Communications, Inc. PAYEE OR CREDITOR: Save Prop 13 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677 COMMITTEE ID: 598040	LIT	Purchased placement on a slate mailer for Christina Shea	\$1,491.50
AGENT/INDEPENDENT CONTRACTOR: Landslide Communications, Inc. PAYEE OR CREDITOR: Orange County Republican Leadership Voter Guide 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677 COMMITTEE ID: 1285120	LIT	Purchased placement on a slate mailer for Christina Shea	\$1,491.50
AGENT/INDEPENDENT CONTRACTOR: Landslide Communications, Inc. PAYEE OR CREDITOR: Taxifornia Tax Fighters' Newsletter 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677 COMMITTEE ID: 1378949	LIT	Purchased placement on a slate mailer for Christina Shea	\$1,491.50
AGENT/INDEPENDENT CONTRACTOR: Landslide Communications, Inc. PAYEE OR CREDITOR: Women's Voice 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677 COMMITTEE ID: 1293667	LIT	Purchased placement on a slate mailer for Christina Shea	\$1,491.50

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.

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

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

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>14</u> of <u>20</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 CALIFORNIA TAXPAYER PROTECTION COMMITTEE

I.D. NUMBER  
 1287571

NAME OF AGENT OR INDEPENDENT CONTRACTOR

See below for 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                              |
| 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, 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
AGENT/INDEPENDENT CONTRACTOR: Landslide Communications, Inc. PAYEE OR CREDITOR: California Public Safety Voter Guide 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677 COMMITTEE ID: 1298740	LIT	Purchased placement on a slate mailer for Christina Shea	\$1,491.50
AGENT/INDEPENDENT CONTRACTOR: Bieber Communications, Inc. PAYEE OR CREDITOR: U.S. Postal Service 3101 W Sunflower Avenue Santa, CA 92799	POS	Postage for campaign literature	\$33,699.96
<u>Memo Reference: 8</u> AGENT/INDEPENDENT CONTRACTOR: Bieber Communications, Inc. PAYEE OR CREDITOR: LT&T Printing 18381 Bandilier Cir. Fountain Valley, CA 92708	LIT	Printing for campaign literature	\$5,815.50
AGENT/INDEPENDENT CONTRACTOR: Bieber Communications, Inc. PAYEE OR CREDITOR: Automated Mailers 26499 Rancho Parkway South Lake Forest, CA 92630	LIT	Mailing services for campaign literature	\$2,435.00

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 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 from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>15</u> of <u>20</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

I.D. NUMBER  
1287571

NAME OF AGENT OR INDEPENDENT CONTRACTOR

See below for 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
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, 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
AGENT/INDEPENDENT CONTRACTOR: Bieber Communications, Inc. PAYEE OR CREDITOR: LT&T Printing 18381 Bandilier Cir. Fountain Valley, CA 92708	LIT	Printing for campaign literature	\$6,911.00
AGENT/INDEPENDENT CONTRACTOR: Bieber Communications, Inc. PAYEE OR CREDITOR: Automated Mailers 26499 Rancho Parkway South Lake Forest, CA 92630	LIT	Mailing services for campaign literature	\$3,413.00
AGENT/INDEPENDENT CONTRACTOR: JC Evans, Inc. PAYEE OR CREDITOR: Voterlink 13348 Alpine Cove Dr. Alpine, UT 84004	VOT	Voter File Data for mailing campaign literature	\$117.65
AGENT/INDEPENDENT CONTRACTOR: JC Evans, Inc. PAYEE OR CREDITOR: Mailing Systems Inc. (MSI) 2431 Mercantile Drive Rancho Cordova, CA 95742	LIT	Mailing services for campaign literature	\$1,383.39

Memo Reference: 9

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

# Schedule H Loans Made to Others\*

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

SCHEDULE H

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>16</u> of <u>20</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

I.D. NUMBER  
1287571

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
		<b>SUBTOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>			

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

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

## Schedule H Summary

- Loans made this period ..... \$0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans ..... \$0.00  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) .....NET \$0.00  
Enter the net here and on the Summary Page, Column A, Line 7.  
(May be a negative number)

\*\* If required.



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Memo Reference: 1

This contribution check was actually received by the California Taxpayer Protection Committee on Sunday, October 18, 2020 in a Federal Express overnight package. The express mail envelope from Federal Express indicates that it was shipped on October 16, 2020, so the contribution is being reported as if it had been received the next day by overnight mail, but the Committee is not aware if Federal Express actually attempted to make the delivery on the next day as they were supposed to do, which would have been Saturday, October 17, 2020 (and thus within the filing period). The California Taxpayer Protection Committee is seeking to provide full disclosure, even if the report of the contribution could have been delayed.

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Memo Reference: 2

This independent expenditure consisted of several separate payments, including \$589 to the Cal Sal Voter Guide (Committee # 1368249), \$1,884 to the Budget Watchdogs Newsletter (Committee # 1345115), \$523 to the California Voter Guide (Committee # 595-004), \$1,196 to Election Digest (Committee # 1345303), and \$8,949 to Landslide Communications, Inc. -- which was subsequently allocated by Landslide Communications as follows: \$1,491.50 to Save Prop 13 (Committee # 598040), \$1,491.50 to Orange County Republican Leadership Voter Guide (Committee # 1285120), \$1,491.50 to Taxifornia Tax Fighters Newsletter (Committee # 1378949), \$1,491.50 to Women's Voice (Committee # 1293667), \$1,491.50 to California Public Safety Voter Guide (Committee # 1298740), and \$1,491.50 to National Tax Limitation Committee Early Voter Guide (Committee # 1306386).

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Memo Reference: 3

This independent expenditure consisted of two separate payments, including \$1,884 to the Budget Watchdogs Newsletter (Committee # 1345115) and \$523 to the California Voter Guide (Committee # 595-004).

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Memo Reference: 4

This independent expenditure consisted of a payment to Election Digest (Committee # 1345303).

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Memo Reference: 5

This independent expenditure consisted of three separate payments for three different flyers: Check 1347 on October 1, 2020 to Bieber Communications for \$27,298.56, Check 1348 on October 4, 2020 to Bieber Communications for \$29,889.06, and Check 1349 on October 8, 2020 to Bieber Communications for \$26,753.20.

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Memo Reference: 6

As indicated elsewhere, this payment was subsequently allocated by Landslide Communications as follows: \$1,491.50 to Save Prop 13 (Committee # 598040), \$1,491.50 to Orange County Republican Leadership Voter Guide (Committee # 1285120), \$1,491.50 to Taxifornia Tax Fighters Newsletter (Committee # 1378949), \$1,491.50 to Women's Voice (Committee # 1293667), \$1,491.50 to California Public Safety Voter Guide (Committee # 1298740), and \$1,491.50 to National Tax Limitation Committee Early Voter Guide (Committee # 1306386). The allocations had not been approved when the payment was made.

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Memo Reference: 7

As previously disclosed, there were three separate payments for three different flyers produced by Bieber Communications, Inc.: Check 1347 on October 1, 2020 to Bieber Communications for \$27,298.56, Check 1348 on October 4, 2020 to Bieber Communications for \$29,889.06, and Check 1349 on October 8, 2020 to Bieber Communications for \$26,753.20.

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Memo Reference: 8

There were three separate payments for postage, corresponding to the three payments to Bieber Communications, Inc. Specifically, the payment on October 1, 2020 included \$11,886.56 in postage, the payment on October 4, 2020 included \$11,908.40 in postage, and the payment on October 8, 2020 included \$9,905.00 in postage. Bieber Communications, Inc. is a full-service design-and-print shop.

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Memo Reference: 9

Invoice 16334 from JC-Evans Inc. indicates that Mailing Systems Inc. (MSI) received \$527.12 for postage, which is included in the sum of \$1383.39 for MSI. Thus, \$527.12 was expended by MSI for postage from the U.S. Postal Service, whose local address in Rancho Cordova is 10923 Progress Ct., Rancho Cordova, CA 95670.

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