

Major Donor and Independent Expenditure Committee Campaign Statement

RECEIVED

CALIFORNIA FORM 461

Date Stamp
JUN 1 2022

Page 1 of 2

CITY CLERK
PALOS VERDES ESTATES

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

11/8/2022 or 3/2023

Statement covers period
from 3/24/2022 through 4/29/2022

SEE INSTRUCTIONS ON REVERSE

1. Name and Address of Filer

NAME OF FILER

Russell Smith

RESIDENTIAL OR MAILING ADDRESS (NO AND STREET)

417 Via Corta

CITY

Palos Verdes Estates

RESPONSIBLE OFFICER

(if filer is other than an individual)

STATE

CA

AREA CODE/DAYTIME PHONE

ZIP CODE

90274

2. Nature and Interests of Filer (Complete each applicable section.)

A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS

Smith Realty Company

ADDRESS OF EMPLOYER/BUSINESS

417 Via Corta, Palos Verdes Estates, CA 90274

BUSINESS INTERESTS

Broker/ Owner

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

Amendment (Explain):

3. Summary

(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 10,000.00
2. Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0
3. Total expenditures and contributions made this period. (Add Lines 1 + 2.)..... SUBTOTAL \$ 10,000.00
4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.)..... \$ 0
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)..... TOTAL \$ 10000.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 4/29/2022
DATE

By _____
SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

**Major Donor and
Independent Expenditure Committee
Campaign Statement**

Amounts may be rounded
to whole dollars.

Statement covers period
from 3/24/2022
through 4/29/2022

**CALIFORNIA 461
FORM**

Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Russell Smith

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

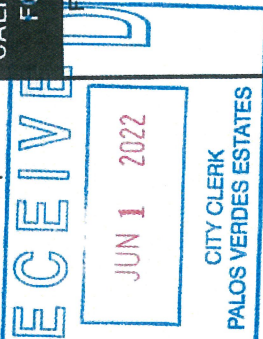
DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
3/24/2022	Russell Smith 417 Via Corta Palos Verdes Estates, CA 90274	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		The PYE Land Preservation Committee Act <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	10,000.00	10,000.00
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
SUBTOTAL \$					10,000.00	

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER ARTXUR FINE		Date of This Filing 4/29/22		Date Stamp JUN 1 2022	
AREA CODE/PHONE NUMBER 1445147		Report No. 1		CITY CLERK PALOS VERDES ESTATES	
STREET ADDRESS 389 PALOS VERDES DR. W.		<input type="checkbox"/> Amendment to Report No. (explain below)		No. of Pages 19	
CITY PALOS VERDES ESTATES CA		STATE CA		ZIP CODE 90274	

CALIFORNIA FORM 497 For Official Use Only



1. Contribution(s) Received

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
2/28/22	MARIANA McQUEEN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$100 <input type="checkbox"/> Check if Loan Provide interest rate _____%
2/28/22	DIANE DAVID-NYSTROM	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$200 <input type="checkbox"/> Check if Loan Provide interest rate _____%
2/28/22	GEORGE SWEENEY	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT	\$100 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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Reason for Amendment: _____

497 Contribution Report

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AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 144 5147	Report No. 1		
STREET ADDRESS 389 PALOS VERDES DR. W.	<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY PALOS VERDES EST. CA	ZIP CODE 90274	No. of Pages 19	

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2/28/22	RAJ & CHRISTINE BHAGAT	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$ 200 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/28/22	JEAN CLAUDE PEARSAIS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$ 200 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/3/22	RENEE PHELIS SCRIBE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$ 100 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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STREET ADDRESS 389 PALOS VERDES DR. W.	STATE CA	<input type="checkbox"/> AMENDMENT TO REPORT NO. (explain below)	
CITY PALOS VERDES EST.	ZIP CODE 90274	NO. OF PAGES 19	

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3/3/22	SHELLEY DIERKER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$100 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/3/22	BOB VACEY	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$100 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/3/22	JANICE MAIER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$200 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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No. of Pages: 19

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AREA CODE/PHONE NUMBER: 144 5147
I.D. NUMBER (if applicable):
STREET ADDRESS: 389 PALOS VERDES DR. W
CITY: PALOS VERDES ESTATES CA 90274
STATE: CA ZIP CODE: 90274

1. Contribution(s) Received

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
3/24/22	RUSSEL SMITH	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	REAL ESTATE BROKER SMITH RLTY CO.	\$19,000 <input type="checkbox"/> Check If Loan Provide interest rate: _____%
3/26/22	DWIGHT C. STREIT	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	PROFESSOR SCHOOL OF ENGINEERING UCLA	\$100 <input type="checkbox"/> Check If Loan Provide interest rate: _____%
4/20/22	JO SCUDAMORE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	\$50. <input type="checkbox"/> Check If Loan Provide interest rate: _____%

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SOC - Small Contributor Committee

Reason for Amendment: _____

497 Contribution Report

AMOUNTS (If any) are in dollars

Date Stamp

CALIFORNIA
FORM

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NAME OF FILER
ARTHUR FINE

AREA CODE/PHONE NUMBER
144 5147

STREET ADDRESS
389 PAZOS VERDES DR. W.

CITY STATE ZIP CODE
PAZOS VERDES ESTATES CA 90274

Date of This Filing 4/29/22

Report No. _____

Amendment to Report No. _____ (explain below)

No. of Pages 18

1. Contribution(s) Received

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
3/26/22	LOUIS TRASENICS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	LITIGATOR	\$250 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/26/22	MARK McCASLIN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	FINANCE	\$25 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/26/22	RICHARD BRIGGS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	ATTORNEY	\$40 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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497 Contribution Report

Date stamp

497
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NAME OF FILER
ARTHUR FINE

AREA CODE/PHONE NUMBER
ID NUMBER (if applicable)
1445147

STREET ADDRESS
389 PALOS VERDES DR. W
CITY
PALOS VERDES ESTATES CA STATE
90274 ZIP CODE

Date of This Filing
4/29/22

Report No. **1**

Amendment to Report No. (explain below)

No. of Pages **19**

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3/3/22	ARTHUR FINE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	\$ 250 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/28/22	MARY ANN SNOWDEN GARLAND	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	\$ 50 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/28/22	RONALD K. THOMAS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	\$ 50 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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497 Contribution Report

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AREA CODE/PHONE NUMBER 1445147	I.D. NUMBER (if applicable) 1	
STREET ADDRESS 389 PALOS VERDES DR W		Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) 19
CITY PALOS VERDES ESTATES	STATE CA	No. of Pages 19
ZIP CODE 90274		

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3/28/22	MARJORIE A. JOHN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$50 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
3/28/22	CHRISTOPHER LARSON	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$50 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
3/28/22	Rowley, William	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER	\$100 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

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3/28/22	SABINA WIEDERKEMER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST GENERAL PRACTICE	\$100 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/28/22	RICHARD M. SARAAYAN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SURGEON	\$500 <input type="checkbox"/> Check if Loan Provide interest rate _____%
3/28/22	JEANETTE F. PETER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NURSE ANESTHETIST CMS	\$500 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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STREET ADDRESS 389 PACOS VERDES DR W. PACOS VERDES EST. CA 90274			
I.D. NUMBER (if applicable) 1445147			
STATE ZIP CODE CA 90274			
AMENDMENT TO REPORT NO. (explain below)			
NO. OF PAGES 19			

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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
3/31/22	JAMES J. COLLINGS RD.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$250 <input type="checkbox"/> Check if Loan _____% Provide interest rate
3/31/22	RICHARD W. SOUTH	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$25 <input type="checkbox"/> Check if Loan _____% Provide interest rate
3/31/22	CAROLE LARKINS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$200 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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3/31/22	ROBERT A. WINSTON	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$50 <input type="checkbox"/> Check if Loan Provide Interest rate _____%
3/31/22	IAN HUNTER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOMESTIC SERVICE	\$100 <input type="checkbox"/> Check if Loan Provide Interest rate _____%
3/31/22	DESTREE COLLINGS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OFFICER	\$500 <input type="checkbox"/> Check if Loan Provide Interest rate _____%

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1 APR/22	MICHAEL J. MANGANO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$ 100 <input type="checkbox"/> Check if Loan Provide interest rate _____%
4/1/22	ANNE L. FURROWS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$ 25 <input type="checkbox"/> Check if Loan Provide interest rate _____%
4/2/22	WILLIAM R. DAHLGREN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$ 100 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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2 APR 22	GLENN TESHIRO 6-1	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$100 <input type="checkbox"/> Check If Loan _____% Provide interest rate
4 APR 22	DIANE DAVID-NYSTROM	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$500 <input type="checkbox"/> Check If Loan _____% Provide interest rate
4 APR 22	ALAN J. COUS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$25 <input type="checkbox"/> Check If Loan _____% Provide interest rate

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497 Contribution Report

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 CITY: PALOS VERDES EST. CA STATE: CA ZIP CODE: 90274
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 No. of Pages: 19

1. Contribution(s) Received

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
4 APR 22	FRANCES S. ISRAEL	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	25 <input type="checkbox"/> Check if Loan Provide interest rate: _____%
4 APR 22	JUDY Y. YAMATO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	50 <input type="checkbox"/> Check if Loan Provide interest rate: _____%
4 APR 22	JOHN W. SHULTZ	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	REGISTERED AGENT	250 <input type="checkbox"/> Check if Loan Provide interest rate: _____%

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

Reason for Amendment: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

For Official Use Only

Date Stamp

Date of This Filing: 4/29/22
 Report No.:
 Amendment to Report No. (explain below):
 No. of Pages: 18

NAME OF FILER: ARTHUR FINE
 AREA CODE/PHONE NUMBER: 144 5147
 STREET ADDRESS: 389 PALOS VERDES DR. W.
 CITY: PALOS VERDES EST. CA 90274

1. Contribution(s) Received

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
7 APR 22	DAVID E. KLEINMAN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$100 <input type="checkbox"/> Check If Loan Provide Interest rate: %
8 APR 22	DAVID REY	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$100 <input type="checkbox"/> Check If Loan Provide Interest rate: %
8 APR 22	MARLENE SHLENS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$100 <input type="checkbox"/> Check If Loan Provide Interest rate: %

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

Reason for Amendment: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM **497**

For Official Use Only

Date Stamp _____

Date of This Filing 4/29/22
 Report No. 1
 Amendment to Report No. _____ (explain below)
 No. of Pages 19

NAME OF FILER ARTHUR FINE
 AREA CODE/PHONE NUMBER _____
 I.D. NUMBER (if applicable) 144 5147
 STREET ADDRESS 389 PALOS VERDES DR. W
 CITY PALOS VERDES ESTATES STATE CA ZIP CODE 90274

1. Contribution(s) Received

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
4/8/22	STEPHEN McDANOLD	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$500 <input type="checkbox"/> Check if Loan _____ Provide interest rate _____%
4/9/22	PATRICIA S. VANCURA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$500 <input type="checkbox"/> Check if Loan _____ Provide interest rate _____%
4/9/22	JACQUELINE WITZ GEIGER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED N/A	\$1000 <input type="checkbox"/> Check if Loan _____ Provide interest rate _____%

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 IND - Individual
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 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment _____

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

For Official Use Only

Date Stamp

Date of This Filing: 4/29/22
 Report No. _____
 Amendment to Report No. _____ (explain below)
 No. of Pages: 19

NAME OF FILER: ARTHUR FINE
 AREA CODE/PHONE NUMBER: _____
 I.D. NUMBER (if applicable): 1445147
 STREET ADDRESS: 389 PALOS VERDES DR.W.
 CITY: PALOS VERDES ESTATES STATE: CA ZIP CODE: 90274

1. Contribution(s) Received

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
<u>13 APR 22</u>	<u>MADAREN A. MOORE</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u> <u>N/A</u>	<u>\$2000</u> <input type="checkbox"/> Check if Loan _____ Provide interest rate _____%
<u>13 APR 22</u>	<u>JARMA KREISMANIS</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u> <u>N/A</u>	<u>\$100</u> <input type="checkbox"/> Check if Loan _____ Provide interest rate _____%
<u>15 APR 22</u>	<u>DAVID CAMP</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u> <u>N/A</u>	<u>\$100</u> <input type="checkbox"/> Check if Loan _____ Provide interest rate _____%

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 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
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 SCC - Small Contributor Committee

Reason for Amendment: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA
FORM
497

For Official Use Only

Date of This Filing: 4/29/22
 Report No.: 1
 Amendment to Report No. (explain below)
 No. of Pages: 19

NAME OF FILER: ARTHUR FINE
 ID NUMBER (if applicable): 1445147
 AREA CODE/PHONE NUMBER: _____
 STREET ADDRESS: 389 PALOS VERDES DR. W
 CITY: PALOS VERDES ESTATES STATE: CA ZIP CODE: 90274

1. Contribution(s) Received

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
<u>18 APR 22</u>	<u>RAJ UPADHYAY DUGEL</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	<u>PRACTISING PHYSICIAN</u>	<u>\$75</u> <input type="checkbox"/> Check If Loan Provide interest rate: _____%
<u>19 APR 22</u>	<u>ERIC J. AROSEMENA AMANDA J.</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	<u>FAMILY PRACTICE PHYSICIAN</u>	<u>\$300</u> <input type="checkbox"/> Check If Loan Provide interest rate: _____%
<u>27 APR 22</u>	<u>KAREN ANN MELDEO</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	<u>BOARD OFFICER OF</u>	<u>1000</u> <input type="checkbox"/> Check If Loan Provide interest rate: _____%

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 OTH - Other (e.g., business entity)
 PTY - Political Party
 SOC - Small Contributor Committee

Reason for Amendment: _____

487 Contribution Report

NAME OF FILER: ARTHUR FINE
 AREA CODE/PHONE NUMBER: 149 5147
 STREET ADDRESS: 389 PALOS VERDES DR. W
 CITY: PALOS VERDES ESTATES STATE: CA ZIP CODE: 90274

Date of This Filing: 4/29/22
 Report No.: f
 Amendment to Report No. (explain below)
 No. of Pages: 19

Date Stamp: _____

1. Contribution(s) Received

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
4/20/22	PATRICIA NELSON	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	\$ 25 <input type="checkbox"/> Check If Loan Provide interest rate: _____%
4/20/22	FREDERICK R. GRANT	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	\$ 100 <input type="checkbox"/> Check If Loan Provide interest rate: _____%
4/20/22	CARLA A FARRELL	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	\$ 50. <input type="checkbox"/> Check If Loan Provide interest rate: _____%

*Contributor Codes
 IND - Individual
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 OTH - Other (e.g., business entity)
 PTY - Political Party
 SOC - Small Contributor Committee

Reason for Amendment: _____

497 Contribution Report

AMOUNTS MAY BE DIFFERENT AS LISTED

DATE STAMP

DATE OF THIS FILING: 4/29/22

NAME OF FILER: ARTHUR FINE

AREA CODE/PHONE NUMBER: 1445(47)

STREET ADDRESS: 389 PALOS VERDES DR. W

CITY: PALOS VERDES ESTATES CA ZIP CODE: 90274

REPORT NO. 19

AMENDMENT TO REPORT NO. (EXPLAIN BELOW)

NO. OF PAGES

FORM 497
CALIFORNIA
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1. Contribution(s) Received

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
4/28/22	PHYLLIS E. CROWN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	\$ 100 <input type="checkbox"/> Check If Loan Provide interest rate: %
4/28/22	BARBARA GRACE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	DENTIST	\$ 100 <input type="checkbox"/> Check If Loan Provide interest rate: %
3/25/22	VIRGINIA GONZALEZ	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED N/A	\$ 100 <input type="checkbox"/> Check If Loan Provide interest rate: %

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

Reason for Amendment:

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met: 3 / 11 / 2022
 Date qualification threshold met: 3 / 11 / 2022

Amendment
 Termination - See Part 5
 Date of termination: MAY 02 2022

Termination - See Part 5

California 410
 FORM
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RECEIVED
 In the Office of the Secretary of
 the State of California
 MAY 02 2022

1. Committee Information (Required)
 NAME OF COMMITTEE: THE PVE LAND PRESERVATION ACT COMMITTEE
 I.D. Number: 1445147

2. Treasurer and Other Principal Officers
 NAME OF TREASURER: Arthur Fine
 STREET ADDRESS (NO P.O. BOX): 389 Palos Verdes Dr. West
 CITY: Palos Verdes Estates
 STATE: Ca ZIP CODE: 90274
 AREA CODE/PHONE: 1/2024

NAME OF PRINCIPAL OFFICERS: Deane Myers
 STREET ADDRESS (NO P.O. BOX): 1508 Via Lazo
 CITY: Palos Verdes Estates
 STATE: Ca ZIP CODE: 90274
 AREA CODE/PHONE:

3. Verification
 I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California.

Executed on 28 April 2022 BY _____
 Executed on 28 April 2022 BY _____
 Executed on _____ BY _____
 Executed on _____ BY _____

SIGNATURE OF CONTROLLING OFFICER/BOARD MEMBER, OR STATE MEASURE PROPONENT
 SIGNATURE OF CONTROLLING OFFICER/BOARD MEMBER, OR STATE MEASURE PROPONENT
 SIGNATURE OF CONTROLLING OFFICER/BOARD MEMBER, OR STATE MEASURE PROPONENT

Attach additional information on appropriately labeled continuation sheets.

County of Los Angeles
 Jurisdiction Where Committee Active: Palos Verdes Estates

Full Mailing Address (if different): Palos Verdes Estates, Ca 90274

Area Code/Phone: 1/2024

Area Code/Phone: 90274

Area Code/Phone: 90274

Area Code/Phone: 90274

Area Code/Phone: 90274

Area Code/Phone: 90274

Area Code/Phone: 90274

Area Code/Phone: 90274

Area Code/Phone: 90274

Area Code/Phone: 90274

PPIC Form 410 (August 2018)
 PPIIC Address: ppic@ppic.ca.gov (866) 775-3773
 www.ppica.org

CALIFORNIA 410
FORM

Page 2
No. NUMBER
1445147

**Statement of Organization
Recipient Committee**
INSTRUCTIONS ON REVERSE

COMMITTEE NAME
The PVE Land Preservation Act Committee

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION
Malaga Bank

AREA CODE/TWONE
310-375-9000

BANK ACCOUNT NUMBER

ADDRESS
2514 Via Tejon

CITY
Palos Verdes Estates

STATE
Ca

ZIP CODE
90274

*** Types of Committees Complete the appropriate sections**

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY AFFILIATION		POLITICAL PARTY	
			Nonpartisan	Partisan	Nonpartisan	Partisan
n/a		n/a				
n/a		n/a				

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

THE PVE LAND PRESERVATION ACT COMMITTEE Palos Verdes Estates

	OFFICE	
	SUPPORT	OPPOSE
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SUPPORT	OPPOSE

Statement of Organization Recipient Committee
 INSTRUCTIONS ON REVERSE

COMMITTEE NAME
THE PVE LAND PRESERVATION ACT COMMITTEE (Continued)

4. Type of Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 COUNTY Committee
 CITY Committee
 STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR
 STREET ADDRESS
 NO. AND STREET
 CITY
 STATE ZIP CODE
 INDUSTRY GROUP OR AFFILIATION OF SPONSOR
 FAX, CODE/FAX/PHONE

Small Contributor Committee

DATE RECEIVED

5. Termination Requirements

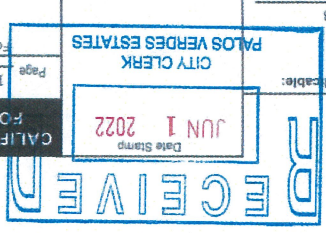
- By signing this verification, the treasurer, assistant treasurer and/or candidates, officers and/or principal contributors certify that all of the following conditions have been met:
- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and PFC Regulation 185231.5.

Major Donor and Independent Expenditure Committee Campaign Statement

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 3/24/2022 through 4/29/2022

Date of election if applicable: 11/8/2022 or 3/2023



CITY CLERK PALOS VERDES ESTATES
 Date Stamp JUN 1 2022
 F-CRM 461
 Page 1 of 2
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1. Name and Address of Filer

NAME OF FILER: Russell Smith
 RESIDENTIAL OR MAILING ADDRESS: 417 Via Corta
 CITY: Palos Verdes Estates
 STATE: CA ZIP CODE: 90274
 RESPONSIBLE OFFICER: (If filer is other than an individual)
 AREA CODE/DAYTIME PHONE:

2. Nature and Interests of Filer (Complete each applicable section.)

A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND NATURE OF THE BUSINESS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS
 NAME OF EMPLOYER/BUSINESS: Smith Realty Company
 ADDRESS OF EMPLOYER/BUSINESS: 417 Via Corta, Palos Verdes Estates, CA 90274
 BUSINESS INTERESTS: Broker/ Owner

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED
 A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS
 A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

Amendment (Explain):

www.fppcc.ca.gov

3. Summary

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 10,000.00
 2. Unitemized expenditures and contributions (including loans) under \$100 made this period. \$ 0
 3. Total expenditures and contributions made this period. (Add Lines 1 + 2.) \$ 10,000.00
 4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 0
 5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.) \$ 10,000.00
TOTAL \$ 10,000.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 4/29/2022 By: _____
 SIGNATURE OF INDIVIDUAL, BUSINESS ENTITY, OR RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

**Major Donor and
Independent Expenditure Committee
Campaign Statement**

Amounts may be rounded
to whole dollars.

Statement covers period
from 3/24/2022
through 4/29/2022

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Russell Smith

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE (IF COMMITTEE, ALSO ENTER ID NUMBER)	TYPE OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	DESCRIPTION OF CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE	MONETARY CONTRIBUTION LOAN NON-MONETARY CONTRIBUTION INDEPENDENT EXPENDITURE	MONETARY CONTRIBUTION LOAN NON-MONETARY CONTRIBUTION INDEPENDENT EXPENDITURE	SUPPORT OPPOSE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
3/24/2022	Russell Smith	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	The PVE Land Preservation Committee Act	10,000.00	10,000.00	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	<input type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	10,000.00	10,000.00
		<input type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure				<input type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	<input type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure				<input type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	<input type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure				<input type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	<input type="checkbox"/> Monetary <input type="checkbox"/> Non-Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
SUBTOTAL \$ 10,000.00										