

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/30/22
through 6/30/23

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

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CITY CLERK
PALOS VERDES ESTATES

CALIFORNIA FORM 460

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

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

3. Committee Information

I.D. NUMBER
1845147

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

THE PVE LAND PRESERVATION ACT COMMITTEE

Treasurer(s)

NAME OF TREASURER

ARTHUR FINE

MAILING ADDRESS

389 PALOS VERDES DR. W.

CITY STATE ZIP CODE AREA CODE/PHONE

PALOS VERDES ESTATES CA 90274

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 7/25/22 Date

By _____ Treasurer

Executed on 7/25/22 Date

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

Executed on _____ Date

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

Executed on _____ Date

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

Recipient Committee Campaign Statement Cover Page - Part 2

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?
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?
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
THE PVE LAND PRESERVATION ACT COMMITTEE
BALLOT NO. OR LETTER JURISDICTION
R400S VALLES ESTATES

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.

Table with 4 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT, OPPOSE. Contains 4 rows of data.

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 4/30/22
through 6/30/22

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ARTHUR FINE

I.D. NUMBER

1445147

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>1631.71</u>	\$ <u>23802.71</u>
2. Loans Received..... Schedule B, Line 3	-	-
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>1631.71</u>	\$ <u>23802.71</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	-	-
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>1631.71</u>	\$ <u>23802.71</u>

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

6. Payments Made..... Schedule E, Line 4	\$ <u>4579.69</u>	\$ <u>15568.17</u>
7. Loans Made..... Schedule H, Line 3	-	-
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>4579.69</u>	\$ <u>15568.17</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-	-
10. Nonmonetary Adjustment..... Schedule C, Line 3	-	-
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>4579.69</u>	\$ <u>15568.17</u>

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 \$ _____
_____	_____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>1176.52</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>1631.71</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>4579.69</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>8228.84</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

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).

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

Statement covers period

from 4/30/22

through 6/30/22

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ARTHUR FINE

I.D. NUMBER

1445147

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)
5/1/22	MICHAEL & STACY KOEHN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 100		
5/4/22	SHEILA BANKEN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 150		
5/5/22	JOANNE KRATZ [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 200		
5/5/22	IRENE ROSENBERG [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 500		
5/14/22	MELANIE LUNDQUIST [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 250		
				SUBTOTAL \$ 1200		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1637.71

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

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1637.71**

*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 (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 4/30/22
through 6/30/22

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I.D. NUMBER
1445147

NAME OF FILER
ARTHUR FINE

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)
5/23/22	STEVEN DONAHUE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$50		
5/25/22	GENE NAFTULIN M [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UROLOGIST HARBOR-UKA MEDICAL CENTER	\$100		
6/21/22	ROBERT WASEY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$250		
6/24/22	BETTIE HAYES [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$35		
6/30/22	MALCOLM BANK [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$271		
SUBTOTAL \$				437.71		

*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**

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

ARTHUR FINE

Statement covers period
from 4/30/22
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I.D. NUMBER

144 5147

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	SUPPORT	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/23/22	THE PUE LAND PRESERVATION ACT COMMITTEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	THANK YOU CARDS FOR DONORS	\$ 12.04		
5/13/22	THE PUE LAND PRESERVATION ACT COMMITTEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	FLYERS	\$240.90		
5/23/22	THE PUE LAND PRESERVATION ACT COMMITTEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	SIGNS WITH WIRE SCREENS	888.00		
SUBTOTAL					\$ 1140.94		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 4579.69
- Unitemized contributions and independent expenditures made this period of under \$100 \$
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL .. \$

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

Amounts may be rounded
to whole dollars.

Statement covers period

from 4/30/22
through 6/30/22

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NAME OF FILER

ARTHUR FINE

I.D. NUMBER

1445147

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	SUPPORT	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>5/31/22</u>	<u>THE PVE LAND PRESERVATION ACT COMMITTEE</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	<u>COPY OF ALL BALLOT SIGNATURES</u>	<u>\$ 455.78</u>		
	<u>THE PVE LAND PRESERVATION ACT COMMITTEE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<u>PRINTING SERVICE</u>	<u>\$ 662.66</u>		
<u>6/15/22</u>	<u>THE PVE LAND PRESERVATION ACT COMMITTEE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	<u>CAMPAIGN FLYERS</u>	<u>\$ 618.62</u>		
	<u>THE PVE LAND PRESERVATION ACT COMMITTEE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	<u>POSTAGE CHARGES FOR FLYERS</u>	<u>\$ 987.80</u>		
SUBTOTAL					\$ 2724.86		

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

Amounts may be rounded
to whole dollars.

Statement covers period

from 4/30/22
through 6/30/22

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NAME OF FILER

ARTHUR FINE

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1445147

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	SUPPORT	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
6/22/22	THE PUE LAND PRESERVATION ACT COMMITTEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LAW SERVICES	\$645.40		
6/24/22	THE PUE LAND PRESERVATION ACT COMMITTEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POSTAGE CHARGES	\$8.00		
6/28/22	THE PUE LAND PRESERVATION ACT COMMITTEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	BANNER CHARGES	\$591.30		
6/22/22	THE PUE LAND PRESERVATION ACT COMMITTEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	REFUND FROM FLYER COMPANY	(\$603.81)		

SUBTOTAL \$ 713.89

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 4/30/22
through 6/30/22

CALIFORNIA **460**
FORM

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I.D. NUMBER
1475147

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

ARTHUR FINE

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMAZON, INC. SEATTLE, WA.	CMP		DONOR THANK YOU CARDS	\$12.04
PVPUSD PRINTSHOP 38 CREST ROAD WEST PALOS VERDES PENINSULA, CA 90274	CMP		FLYERS FOR CAMPAIGN	\$240.90
CAMPAIGN 4A 15518 S. BROADWAY ST. GARDENA, CA. 90248	CMP		250 CAMPAIGN SIGNS WITH FRAMES	\$888.00

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

SUBTOTAL \$ 1140.94

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4579.69
- Unitemized payments made this period of under \$100 \$ —
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ —
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 4579.69

Amounts may be rounded to whole dollars.

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

Statement covers period
from 4/30/22
through 6/30/22

CALIFORNIA **460**
FORM

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER ARTHUR FINE
I.D. NUMBER 1445147

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FEDEX 1900 S. PACIFIC COAST HWY REDONDO BECH, CA. 90277	CMP		COPIES OF ALL BALLOT SIGNATURES	\$ 455.78
VISTA PRINT 275 WYMAN ST. WALTHAM, MA. 02451	CMP		5250 CAMPAIGN FLYERS	\$ 662.66
NEXT DAY FLYERS 1431 W. KNOX ST. SUITE B700 TORRANCE, CA. 90501	CMP		CAMPAIGN FLYERS	\$ 618.62
USPS 955 DEEP VALLEY DR. PALOS VERDES PENINSULA, CA. 90274	POS		DELIVERY OF FLYERS CHARGES BY POST OFFICE	\$ 987.80
ANGEL LAW OFFICE 2601 OCEAN PK. BLVD. SANTA MONICA, CA. 90405	PRO		LAW SERVICES	\$ 645.40
SUBTOTAL \$				3370.26

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

Amounts may be rounded
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from 4/30/22
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1445147

NAME OF FILER
ARTHUR FINE

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 | TSF | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSE | 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
USPS 955 DEEP VALLEY DR. PALOS VERDES PENINSULA, CA. 90274	POS		DELIVERY OF FLYERS CHARGES BY POST OFFICE	\$ 81.00
CALIF. BANDER & SIGN CO. 15518 S. BROADWAY GARDENA, CA. 90248	cmp		POSTERS/BANNERS FOR TOWN HALL MEETINGS	\$ 591.30
NEXT DAY FLYERS 1431 W. KNOX ST. SUITE 0700 TORRANCE, CA. 90501	cmp		REFUND FOR UNUSED CAMPAIGN FLYERS	(9603.81)
SUBTOTAL \$				68.49

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