

**Statement of Organization  
Recipient Committee**

Statement Type

|  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Initial                       | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified<br>or          | Date qualification threshold met   | Date of termination  |
| <input type="radio"/> Date qualification threshold met | _____ / _____ / _____              | 01 / 31 / 2021   |

Date Stamp

CITY OF AGOURA HILLS  
2020 FEB -1 AM 10:18

CALIFORNIA  
FORM **410**

For Official Use Only

| 1. Committee Information   |  |                   |                               | 2. Treasurer and Other Principal Officers                   |             |                   |                               |
|--|--|-------------------|-------------------------------|---|-------------|-------------------|-------------------------------|
| I.D. Number 1431165<br><i>(if applicable)</i>  |  |                   |                               | NAME OF TREASURER<br>Robyn Britton                          |             |                   |                               |
| NAME OF COMMITTEE<br>Committee to Reelect Illece Buckley Weber for City Council 2020 |  |                   |                               | STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]                  |             |                   |                               |
| STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]   |  |                   |                               | CITY<br>Agoura Hills  | STATE<br>CA | ZIP CODE<br>91301 | AREA CODE/PHONE<br>[REDACTED] |
| CITY<br>Agoura Hills   | STATE<br>CA  | ZIP CODE<br>91301 | AREA CODE/PHONE<br>[REDACTED] | NAME OF ASSISTANT TREASURER, IF ANY<br>Illece Buckley Weber |             |                   |                               |
| FULL MAILING ADDRESS (IF DIFFERENT)  |  |                   |                               | STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]                  |             |                   |                               |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)   |  |                   |                               | CITY<br>Agoura Hills  | STATE<br>CA | ZIP CODE<br>91301 | AREA CODE/PHONE<br>[REDACTED] |
| COUNTY OF DOMICILE<br>Los Angeles  | JURISDICTION WHERE COMMITTEE IS ACTIVE<br>City of Agoura Hills |                   |                               | NAME OF PRINCIPAL OFFICER(S)                                |             |                   |                               |
| Attach additional information on appropriately labeled continuation sheets.          |  |                   |                               | STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]                  |             |                   |                               |
|  |  |                   |                               | CITY  | STATE       | ZIP CODE          | 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 January 31, 2021 By [REDACTED]

Executed on January 31, 2021 By [REDACTED]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

|  |                               |
|--|-------------------------------|
| COMMITTEE NAME<br><b>Committee to Reelect Illece Buckley Weber for City Council 2020</b> | I.D. NUMBER<br><b>1431165</b> |
|--|-------------------------------|

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

|  |  |                                   |                          |
|--|--|-----------------------------------|--------------------------|
| NAME OF FINANCIAL INSTITUTION<br><b>Wells Fargo Bank</b> | AREA CODE/PHONE<br><b>818-865-0809</b> | BANK ACCOUNT NUMBER<br>[REDACTED] |                          |
| ADDRESS<br><b>5823 Kanan Rd</b>                          | CITY<br><b>Agoura Hills</b>            | STATE<br><b>CA</b>                | ZIP CODE<br><b>91301</b> |

**4. Type of Committee** Complete the applicable 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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE                                 |                                   |                              |
|--|---|------------------|---|-----------------------------------|------------------------------|
| Illece Buckley Weber                                   | City Council - City of Agoura Hills                                       | 2020             | <input checked="" type="checkbox"/> Nonpartisan | <input type="checkbox"/> Partisan | (list political party below) |
|  |   |                  | <input type="checkbox"/> Nonpartisan            | <input type="checkbox"/> Partisan | (list political party below) |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |        |
|---|--|-----------|--------|
|   |  | SUPPORT   | OPPOSE |
|   |  |           |        |
|   |  |           |        |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

|                                |
|--------------------------------|
| <b>CALIFORNIA<br/>FORM 410</b> |
| Page 3                         |
| I.D. NUMBER                    |

COMMITTEE NAME

**4. Type of Committee** (Continued)

**General Purpose Committee**

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

- CITY Committee       COUNTY Committee       STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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 FPPC Regulation 18521.5.

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp  
CITY OF AGOURA HILLS  
FEB -1 AM 10:18  
CITY CLERK'S OFFICE

Page 1 of 1  
For Official Use Only

Statement covers period  
from January 1, 2021  
through January 31, 2021

Date of election if applicable:  
(Month, Day, Year)  
November 3, 2020

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1431165

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Reelect Iliece Buckley Weber for City Council 2020

STREET ADDRESS (NO P.O. BOX)  
[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE  
Agoura Hills CA 91301 74/22066/0

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Agoura Hills CA 91301 74/22066/0

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Robyn Britton

MAILING ADDRESS  
[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE  
Agoura Hills CA 91301 74/22066/0

NAME OF ASSISTANT TREASURER, IF ANY  
Iliece Buckley Weber

MAILING ADDRESS  
[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE  
Agoura Hills CA 91301 74/22066/0

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 January 31, 2021  
Date

Executed on January 31, 2021  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Redacted]

By [Redacted] Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Milice Buckley Webber  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council - City of Agoura Hills  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Agoura Hills CA 91301

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><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<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

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

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>January 1, 2021</u><br>through <u>January 31, 2021</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>3</u> of <u>7</u>      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Reelect Illice Buckley Weber for City Council 2020

I.D. NUMBER

1431165

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| Monetary Contributions..... Schedule A, Line 3            | \$ <u>0</u>  | \$ <u>11132.43</u>                         |
| Loans Received..... Schedule B, Line 3                    | \$ <u>-1193.96</u>   | \$ <u>1193.96</u>                          |
| <b>SUBTOTAL CASH CONTRIBUTIONS</b> ..... Add Lines 1 + 2  | \$ <u>0</u>  | \$ <u>12326.39</u>                         |
| Nonmonetary Contributions..... Schedule C, Line 3         | \$ <u>0</u>  | \$ <u>200.00</u>                           |
| <b>TOTAL CONTRIBUTIONS RECEIVED</b> ..... Add Lines 3 + 4 | \$ <u>0</u>  | \$ <u>14326.39</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**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| Payments Made..... Schedule E, Line 4                         | \$ <u>1752.45</u>  | \$ <u>12550.87</u>                         |
| Loans Made..... Schedule H, Line 3                            | \$ <u>0</u>  | \$ <u>0</u>                                |
| <b>SUBTOTAL CASH PAYMENTS</b> ..... Add Lines 6 + 7           | \$ <u>1752.45</u>  | \$ <u>12550.87</u>                         |
| Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3       | \$ <u>0</u>  | \$ <u>0</u>                                |
| 20. Nonmonetary Adjustment..... Schedule C, Line 3            | \$ <u>0</u>  | \$ <u>200.00</u>                           |
| <b>21. TOTAL EXPENDITURES MADE</b> ..... Add Lines 8 + 9 + 10 | \$ <u>1752.45</u>  | \$ <u>14550.87</u>                         |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                   |
|---|-------------------|
| 2. Beginning Cash Balance..... Previous Summary Page, Line 16                     | \$ <u>1528.17</u> |
| 3. Cash Receipts..... Column A, Line 3 above                                      | \$ <u>0</u>       |
| 4. Miscellaneous Increases to Cash..... Schedule I, Line 4                        | \$ <u>220.32</u>  |
| 5. Cash Payments..... Column A, Line 8 above                                      | \$ <u>1748.49</u> |
| <b>6. ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0</u>       |
| <i>If this is a termination statement, Line 16 must be zero.</i>                  |                   |
| 7. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2                               | \$ <u>0</u>       |

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

**Cash Equivalents and Outstanding Debts**

|   |             |
|---|-------------|
| 8. Cash Equivalents..... See instructions on reverse            | \$ <u>0</u> |
| 9. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART

CALIFORNIA FORM **460**

Statement covers period  
from January 1, 2021  
through January 31, 2021

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Reelect Illece Buckley Weber for City Council 2020

I.D. NUMBER

1431165

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN        | (g)<br>CUMULATIVE CONTRIBUTION TO DATE            |
|---|---|--|------------------------------------|---|--|----------------------------------|---------------------------------------|---|
| Illece Buckley Weber<br>[REDACTED]<br>Agoura Hills CA 91301   | Nunziato Buckley Weber  | \$ 1193.96                                       | \$ 0                               | <input checked="" type="checkbox"/> PAID<br>\$ 1193.96<br><input type="checkbox"/> FORGIVEN<br>\$ 0 | \$ 0<br>DATE DUE                                   | 0%<br>RATE<br>\$ 0               | \$ 500.00<br>DATE INCURRED 07/24/2021 | CALENDAR YEAR<br>\$ 1193.96<br>PER ELECTION<br>\$ |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$                      | \$<br>DATE DUE                                     | %<br>RATE<br>\$                  | \$<br>DATE INCURRED                   | CALENDAR YEAR<br>\$<br>PER ELECTION<br>\$         |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$                      | \$<br>DATE DUE                                     | %<br>RATE<br>\$                  | \$<br>DATE INCURRED                   | CALENDAR YEAR<br>\$<br>PER ELECTION<br>\$         |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$                      | \$<br>DATE DUE                                     | %<br>RATE<br>\$                  | \$<br>DATE INCURRED                   | CALENDAR YEAR<br>\$<br>PER ELECTION<br>\$         |
| <b>SUBTOTALS</b>  |   | \$ 0   | \$ 0                               | \$ 0  | \$ 0   |                                  |                                       |   |

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

**Schedule B Summary**

Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)  
Loans paid or forgiven this period ..... \$ 1193.96  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)  
Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ -1193.96  
Enter the net here and on the Summary Page, Column A, Line 2.

(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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>January 1, 2021</u><br>through <u>January 31, 2021</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>5</u> of <u>7</u>   | I.D. NUMBER<br><u>1431165</u>  |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Reelect Illece Buckley Weber for City Council 2020

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID               |
|--|---------|------------------------|---------------------------|
| California Secretary of State<br>500 11th Street, Sacramento CA 95814                              | FIL     | 2021 Fee               | 50.00                     |
| Santa Monica Mountains Fund<br>401 W Hillcrest Dr, Thousand Oaks CA 91360                          | CVC     | Donation               | 254.53                    |
| The Foundation for Las Virgenes Schools<br>4111 Las Virgenes Rd, Calabasas, CA 91302               | CVC     | Donation               | 250.00                    |
| Payments that are contributions or independent expenditures must also be summarized on Schedule D. |         |                        | <b>SUBTOTAL \$</b> 554.53 |

**Schedule E Summary**

|   |                 |                |
|---|-----------------|----------------|
| . Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | <u>1748.49</u> |
| . Unitemized payments made this period of under \$100   | \$              | <u>0</u>       |
| . Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$              | <u>0</u>       |
| . Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> | <u>1748.49</u> |

**Schedule E  
Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from January 1, 2021  
through January 31, 2021

**CALIFORNIA FORM 460**

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Reelect Illece Buckley Weber for City Council 2020

I.D. NUMBER

1431165

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|---------|-------------------------|-------------|
| Illece Buckley Weber<br>[REDACTED] Agoura Hills CA 91301            |         | Campaign loan repayment | 1193.96     |
|   |         |                         |             |
|   |         |                         |             |
|   |         |                         |             |
|   |         |                         |             |
|   |         |                         |             |
|   |         |                         |             |
|   |         |                         |             |

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

**SUBTOTAL \$** 1193.96

**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE

Statement covers period  
from   
through

**CALIFORNIA FORM 460**

Page  of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Reelect Illece Buckley Weber for City Council 2020

I.D. NUMBER

1431165

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT             | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------------------|----------------------------|
| 01.19.2021    | City of Agoura Hills<br>30001 Ladyface Court, Agoura Hills CA 91301       | Candidate Statements reimbursement | 216.22                     |
|               |   |                                    |                            |
|               |   |                                    |                            |
|               |   |                                    |                            |
|               |   |                                    |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

|   |   |
|---|---|
| 1. Itemized increases to cash this period. ....   | \$ <input type="text" value="216.22"/>              |
| 2. Unitemized increases to cash of under \$100 this period. ....  | \$ <input type="text" value="4.10"/>                |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....                            | \$ <input type="text" value="NA"/>                  |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... | <b>TOTAL \$</b> <input type="text" value="220.32"/> |