

Recipient Committee Campaign Statement Cover Page

Date Stamp
CITY OF AGOURA HILLS
2023 JAN 12 AM 7:10
CITY CLERK'S OFFICE

Statement covers period
from October 23, 2022
through December 31, 2022

Date of election if applicable:
(Month, Day, Year)
November 8, 2022

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
1446788

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

Committee to Reelect Deborah Klein Lopez for City Council 2022

STREET ADDRESS (NO P.O. BOX)

5737 Kanan Road #516

CITY STATE ZIP CODE AREA CODE/PHONE

Agoura Hills, CA 91301 818-584-1910

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Miriam Markus Zacuto

MAILING ADDRESS

30307 Goodspring Drive, Agoura Hills, CA 91301 818-389-8902
CITY STATE ZIP CODE AREA CODE/PHONE

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 January 5, 2023
Date

Executed on 1/5/23
Date

Executed on _____
Date

Executed on _____
Date

By Miriam M. Zacuto
Signature of Treasurer or Assistant Treasurer

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

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

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

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

5. Officeholder or Candidate Controlled Committee

| | | | |
|---|-------|-------|-----|
| NAME OF OFFICEHOLDER OR CANDIDATE Deborah Klein Lopez | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Agoura Hills City Council | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
| 5737 Kanan Road #516, 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? <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? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

| | | |
|---|---------------------|---|
| NAME OF BALLOT MEASURE | | |
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. | | |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY | |

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>October 23, 2022</u> | CALIFORNIA FORM 460 |
| through <u>December 31, 2022</u> | |
| Page <u>3</u> of <u>6</u> | I.D. NUMBER <u>1446788</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Reelect Deborah Klein Lopez for City Council 2022

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>275</u> | \$ <u>16,878</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | _____ | _____ |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>275</u> | \$ <u>16,878</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | _____ | <u>250</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>275</u> | \$ <u>17,128</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>4,617.48</u> | \$ <u>16,878</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | _____ | _____ |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>4,617.48</u> | \$ <u>16,878</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | _____ | _____ |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | _____ | _____ |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>4,617.48</u> | \$ <u>16,878</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..... <i>Previous Summary Page, Line 16</i> | \$ <u>\$4,342.48</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>275</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | _____ |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>4,617.48</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>0</u> |

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

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

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

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

Cash Equivalents and Outstanding Debts

| | |
|---|----------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ _____ |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ _____ |

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from October 23, 2022
through December 31, 2022

CALIFORNIA
FORM **460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Reelect Deborah Klein Lopez for City Council 2022

I.D. NUMBER

1446788

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/27/2022 | CA Sierra Club 3250 Wilshire Blvd #1106 Los Angeles, CA 90010 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$175.00 | | |
| 10/27/2022 | Nancee Baldino 28844 Garnet Hill Ct Agoura Hills, CA 91301 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$50.00 | | |
| 10/28/22 | Valerie Berkley 4177 Hayvenhurst Ave Encino, CA 91436 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | District Director, California State Assembly | \$50.00 | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 275

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 275
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 275

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|---|--------------------------------|
| Statement covers period from <u>October 23, 2022</u> through <u>December 31, 2022</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>6</u> |
| | I.D. NUMBER 1446788 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Reelect Deborah Klein Lopez for City Council 2022

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 |
|---|------|----|------------------------|-------------|
| Overland Strategies Inc 3870 La Sierra Ave #396, Riverside, CA 92505 | LIT | | Digital Ads/Marketing | \$1,000.00 |
| CR Print 31115 Via Colinas STE 301, Westlake Village, CA 91362 | LIT | | Flyers | \$3,092.25 |
| Overland Strategies Inc 3870 La Sierra Ave #396, Riverside, CA 92505 | LIT | | Digital Ads/Marketing | \$500.00 |

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

SUBTOTAL \$ 4,592.25

Schedule E Summary

| | |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 4,617.48 |
| 2. Unitemized payments made this period of under \$100..... | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ 4,617.48 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>October 23, 2022</u> through <u>December 31 2022</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>6</u> |
| | I.D. NUMBER 1446788 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Reelect Deborah Klein Lopez for City Council 2022

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 |
|---|------|----|-------------------------|-------------|
| iStock Photos Suite 313 - 1240 20th Ave SE, Calgary, Alberta T2G 1M8, CANADA | PRT | | Image for announcement | \$12.00 |
| Anedot 1340 Poydras Street, Suite 1770, New Orleans, LA 70112 | WEB | | Anedot credit card fees | \$2.30 |
| Conejo Community Outreach 3062 Wauneta St, Newbury Park CA 91320 | CVC | | donation | \$10.93 |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 25.23

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|-----------------------|----------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>6</u> |
| For Official Use Only | |

| | |
|---|--|
| Statement covers period from <u>October 23, 2022</u> through <u>December 31, 2022</u> | Date of election if applicable: (Month, Day, Year) <u>November 8, 2022</u> |
|---|--|

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1446788

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

Committee to Reelect Deborah Klein Lopez for City Council 2022

STREET ADDRESS (NO P.O. BOX)

5737 Kanan Road #516

CITY STATE ZIP CODE AREA CODE/PHONE

Agoura Hills, CA 91301

818-584-1910

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Miriam Markus Zacuto

MAILING ADDRESS

30307 Goodspring Drive, Agoura Hills, CA 91301 818-389-8902

CITY STATE ZIP CODE AREA CODE/PHONE

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 January 5, 2023

Date

Executed on 1/5/23

Date

Executed on _____

Date

Executed on _____

Date

By Miriam M. Zacuto

Signature of Treasurer or Assistant Treasurer

By _____

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

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

| | | | |
|--|--|------|-----------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | |
| Deborah Klein Lopez | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | |
| Agoura Hills City Council | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | | CITY | STATE ZIP |
| 5737 Kanan Road #516, 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? <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? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| | |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| | |

6. Primarily Formed Ballot Measure Committee

| | | |
|--|---------------------|---|
| NAME OF BALLOT MEASURE | | |
| | | |
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. | | |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | | |
| | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY | |
| | | |

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>October 23, 2022</u> | CALIFORNIA FORM 460 |
| through <u>December 31, 2022</u> | |
| Page <u>3</u> of <u>6</u> | I.D. NUMBER <u>1446788</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Reelect Deborah Klein Lopez for City Council 2022

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>275</u> | \$ <u>16,878</u> |
| 2. Loans Received..... Schedule B, Line 3 | _____ | _____ |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>275</u> | \$ <u>16,878</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | _____ | <u>250</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4 | \$ <u>275</u> | \$ <u>17,128</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>4,617.48</u> | \$ <u>16,878</u> |
| 7. Loans Made..... Schedule H, Line 3 | _____ | _____ |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>4,617.48</u> | \$ <u>16,878</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>4,617.48</u> | \$ <u>16,878</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>\$4,342.48</u> |
| 13. Cash Receipts..... Column A, Line 3 above | <u>275</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | _____ |
| 15. Cash Payments..... Column A, Line 8 above | <u>4,617.48</u> |
| 16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0</u> |

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

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

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

| | |
|--|----------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ _____ |
|--|----------|

Cash Equivalents and Outstanding Debts

| | |
|--|----------|
| 18. Cash Equivalents..... See instructions on reverse | \$ _____ |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ _____ |

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---|----------------------------|
| Statement covers period from <u>October 23, 2022</u> through <u>December 31, 2022</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>6</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER Committee to Reelect Deborah Klein Lopez for City Council 2022 | I.D. NUMBER 1446788 |
|---|------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/27/2022 | CA Sierra Club 3250 Wilshire Blvd #1106 Los Angeles, CA 90010 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$175.00 | | |
| 10/27/2022 | Nancee Baldino 28844 Garnet Hill Ct Agoura Hills, CA 91301 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$50.00 | | |
| 10/28/22 | Valerie Berkley 4177 Hayvenhurst Ave Encino, CA 91436 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | District Director, California State Assembly | \$50.00 | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 275

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 275
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 275

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>October 23, 2022</u> | | CALIFORNIA FORM 460 |
| through <u>December 31, 2022</u> | | |
| Page <u>5</u> of <u>6</u> | | I.D. NUMBER 1446788 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Reelect Deborah Klein Lopez for City Council 2022

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 |
|---|---------|------------------------|-------------|
| Overland Strategies Inc 3870 La Sierra Ave #396, Riverside, CA 92505 | LIT | Digital Ads/Marketing | \$1,000.00 |
| CR Print 31115 Via Colinas STE 301, Westlake Village, CA 91362 | LIT | Flyers | \$3,092.25 |
| Overland Strategies Inc 3870 La Sierra Ave #396, Riverside, CA 92505 | LIT | Digital Ads/Marketing | \$500.00 |

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

SUBTOTAL \$ 4,592.25

Schedule E Summary

| | |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 4,617.48 |
| 2. Unitemized payments made this period of under \$100..... | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ 4,617.48 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>October 23, 2022</u> through <u>December 31 2022</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>6</u> |
| | I.D. NUMBER 1446788 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Reelect Deborah Klein Lopez for City Council 2022

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 |
|---|------|----|-------------------------|-------------|
| iStock Photos Suite 313 - 1240 20th Ave SE, Calgary, Alberta T2G 1M8, CANADA | PRT | | Image for announcement | \$12.00 |
| Anedot 1340 Poydras Street, Suite 1770, New Orleans, LA 70112 | WEB | | Anedot credit card fees | \$2.30 |
| Conejo Community Outreach 3062 Wauneta St, Newbury Park CA 91320 | CVC | | donation | \$10.93 |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 25.23