Recipient Committee
Campaign Statement
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 07/01/2018</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>through 09/22/2018</td>
<td>11/06/2018</td>
</tr>
</tbody>
</table>

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
   - Ballot Measure Committee
     - Primary Formed
     - Controlled
     - Sponsored
     (Also Complete Part 6.)
   - Primary Formed Candidate/Officeholder Committee
     (Also Complete Part 7.)

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement
   - Amendment (Explain below)

3. Committee Information
   - I.D.NUMBER: 1407058
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
     League of California Cities (Nonprofit IRC 115) - Non-Public Funds
   - STREET ADDRESS (NO P.O. BOX)
     Sacramento, CA 95814
     (916)658-8200
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
     Sacramento, CA 95814
     (916)658-8200
   - OPTIONAL: FAX/E-MAIL ADDRESS
     Laura@StephenCompany.com

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 09/27/2018
   By Norman Coppinger

NAME OF TREASURER
Norman Coppinger

MAILING ADDRESS

CITY
Sacramento
STATE
CA
ZIP CODE
95814
AREA CODE/PHONE
(916)658-8200

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
Laura@StephenCompany.com

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

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 to make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D.NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Ballot Measure Committee

| NAME OF BALLOT MEASURE |  |
| BALLOT NO. OR LETTER | JURISDICTION | SUPPORT | OPPOSE |

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$160,000.00</td>
<td>$260,000.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td>$160,000.00</td>
<td>$260,000.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$160,000.00</td>
<td>$260,000.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0.00</td>
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</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$160,000.00</td>
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</tr>
<tr>
<td>Cash Payments</td>
<td>$160,000.00</td>
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</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0.00</td>
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</tr>
<tr>
<td>Outstanding Debts</td>
<td>$0.00</td>
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</tbody>
</table>

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

20. Contribution Received 1/1 through 6/30: $0.00  7/1 to Date: $0.00

21. Expenditures Made: $0.00

**Expenditure Limit Summary for State Candidates**

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

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

---

League of California Cities (Nonprofit IRC 115) - Non-Public Funds
### Schedule A
**Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

Statement covers period
from 07/01/2018
through 09/22/2018

---

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**SUBTOTAL $0.00**

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**Schedule A Summary**

1. Amount received this period - contributions of $100 or more.
   (Include all Schedule A subtotals.) ................................................................. $0.00

2. Amount received this period - unitemized contributions of less than $100 ........................................ $0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ....................... TOTAL $0.00

---

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
## Schedule B - Part 1
### Loans Received

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

Statement covers period

- **from** 07/01/2018
- **through** 09/22/2018

**CALIFORNIA FORM 460**

<table>
<thead>
<tr>
<th>Full name, street address and zip code of lender</th>
<th>Outstanding balance beginning this period</th>
<th>Amount received this period</th>
<th>Amount paid or forgiven this period*</th>
<th>Outstanding balance at close of this period</th>
<th>Interest paid this period</th>
<th>Original amount of loan</th>
<th>Cumulative contributions to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Loan Details]</td>
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<td>CALENDAR YEAR</td>
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<tr>
<td>[Loan Details]</td>
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<td>PER ELECTION**</td>
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<td>[Loan Details]</td>
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<td>CALENDAR YEAR</td>
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<tr>
<td>[Loan Details]</td>
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<td>PER ELECTION**</td>
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<tr>
<td>[Loan Details]</td>
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<td>CALENDAR YEAR</td>
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<tr>
<td>[Loan Details]</td>
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<td></td>
<td>PER ELECTION**</td>
</tr>
</tbody>
</table>

### Schedule B Summary

1. Loans received this period. ____________________________

(Total Column (b) plus unitemized loans less than $100.)

2. Loans paid or forgiven this period _______________________

(Total Column (c) plus loans under $100 paid or forgiven.
Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ____________________________

Net ____________________________

(may be a negative number)

4. **FPPC Form 460 (June/01)**

**FPPC Toll-Free Helpline: 866/ASK-FPPC**

*Contributor Codes

- IND-Individual
- COM-Recipient Committee (other than PTY or SCC)
- OTH-Other
- PTY-Political Party
- SCC-Small Contributor Committee

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

** If required.
Schedule B - Part 2
Loan Guarantors

Statement covers period from 07/01/2018 through 09/22/2018

See instructions on reverse.

NAME OF FILER
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

I.D. Number
1407058

---

<table>
<thead>
<tr>
<th>Contributor Code</th>
<th>Full Name, Street Address and Zip Code of Guarantor (if Committee, also enter I.D. Number)</th>
<th>Full Name, Street Address and Zip Code of Guarantor (if Committee, also enter I.D. Number)</th>
<th>Occupation and Employer (if self-employed, enter name of business)</th>
<th>Loan</th>
<th>Amount Guaranteed This Period</th>
<th>Cumulative To Date</th>
<th>Balance Outstanding To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IND</td>
<td>LENDER</td>
<td>CALENDAR YEAR</td>
<td>PER ELECTION (IF REQUIRED)</td>
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<tr>
<td>COM</td>
<td>LENDER</td>
<td>CALENDAR YEAR</td>
<td>PER ELECTION (IF REQUIRED)</td>
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</tr>
<tr>
<td>OTH</td>
<td>LENDER</td>
<td>CALENDAR YEAR</td>
<td>PER ELECTION (IF REQUIRED)</td>
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<tr>
<td>PTY</td>
<td>LENDER</td>
<td>CALENDAR YEAR</td>
<td>PER ELECTION (IF REQUIRED)</td>
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<tr>
<td>SCC</td>
<td>LENDER</td>
<td>CALENDAR YEAR</td>
<td>PER ELECTION (IF REQUIRED)</td>
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</tr>
</tbody>
</table>

---

SUBTOTAL

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FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
### Schedule C Summary

1. Amount received this period - nonmonetary contributions of $100 or more.  
   (Include all Schedule C subtotals.) .................................................................

2. Amount received this period - unitemized nonmonetary contributions of less than $100 ........................................

3. Total nonmonetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ...................... TOTAL

---

### Schedule C

#### Nonmonetary Contributions Received

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor (If Committee, Also Enter I.D. Number)</th>
<th>Contributor Code *</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Description of Goods or Services</th>
<th>Amount/Fair Market Value</th>
<th>Cumulative To Date Calendar Year (Jan 1 - Dec 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets. 

SUBTOTAL

---

*Contributor Codes

- IND - Individual
- COM - Recipient Committee (other than PTY or SCC)
- OTH - Other
- PTY - Political Party
- SCC - Small Contributor Committee

**FPPC Form 460 (JUNE/01)**

FPPC Toll-Free Helpline: 866/ASK-FPPC
## Schedule D
### Summary of Expenditures
#### Supporting/Opposing Other Candidates, Measures and Committees

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Candidate, Office, and District, or Measure Number or Letter and Jurisdiction, or Committee</th>
<th>Type of Payment</th>
<th>Description (If Required)</th>
<th>Amount This Period</th>
<th>Cumulative To Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/17/2018</td>
<td>No on Prop 6: Stop the Attack on Bridge &amp; Road Safety Eliminates Recently Enacted Road Repairs &amp; Transportation Funding Jurisdiction: Statewide; Proposition 6</td>
<td>Monetary Contribution</td>
<td>Travel, Office Expenses, Meetings from July 1 through September 22, 2018</td>
<td>$160,000.00</td>
<td>$260,000.00</td>
<td></td>
</tr>
<tr>
<td>9/22/2018</td>
<td>Affordable Housing Now - Yes on Props 1 &amp; 2 Coalition Proposition 1-Veterans and Affordable Housing Bond Act of 2018; Proposition 2-No Place Like Home Act of 2018 Jurisdiction: Statewide</td>
<td>Nonmonetary Contribution</td>
<td>Travel &amp; Meeting Expenses from July 1 through September 22, 2018</td>
<td>$980.00</td>
<td>$2,349.88</td>
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</tr>
<tr>
<td>9/22/2018</td>
<td>Proposition 3 Authorizes Bonds to Fund Projects for Water Supply and Quality Jurisdiction: Statewide; Proposition 3</td>
<td>Independent Expenditure</td>
<td>Travel &amp; Meeting Expenses from July 1 through September 22, 2018</td>
<td>$382.00</td>
<td>$382.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL** $161,362.00

### Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ........................................... $161,362.00

2. Unitemized contributions and independent expenditures made this period of under $100 .................................................................................... $0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ...........

**TOTAL** $161,362.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
### Schedule E

**Payments Made**

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

Statement covers period

- **from** 07/01/2018
- **through** 09/22/2018

NAME OF FILER
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

I.D. NUMBER
1407058

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTB campaign contributions (explain nonmonetary)*</td>
<td>$160,000.00</td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF PAYEE**

- **No on Prop 6: Stop the Attack on Bridge & Road Safety**
  - Sacramento, CA 95815

Committee ID: 1400937

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

**SUBTOTAL** $160,000.00

### Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ................................................................. $160,000.00

2. Unitemized payments made this period of under $100. ........................................................................................................... $0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .................................................. $0.00

4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................... TOTAL $160,000.00

FPCC Form 460 (June/01)
FPCC Toll-Free Helpline: 866/ASK-FPPC
## Schedule F
### Accrued Expenses (Unpaid Bills)

**Type or print in ink.**

**Amounts may be rounded to whole dollars.**

**Statement covers period**

<table>
<thead>
<tr>
<th>from</th>
<th>07/01/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>through</td>
<td>09/22/2018</td>
</tr>
</tbody>
</table>

### 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
- **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, email)

### NAME AND ADDRESS OF CREDITOR

(If committee, also enter I.D. number)

### CODE OR DESCRIPTION OF PAYMENT

<table>
<thead>
<tr>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
</table>

### SUBTOTALS

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

### Notes:

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

* May be a negative number.

**Schedule F Summary**

- **INCURRED TOTALS**
- **PAID TOTALS**
- **NET**
## Schedule G

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

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

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Page</th>
<th>of</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 07/01/2018 through 09/22/2018</td>
<td>11</td>
<td>14</td>
</tr>
</tbody>
</table>

### SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

**NAME OF AGENT OR INDEPENDENT CONTRACTOR**

### CODES:

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

- **CMP** campaign paraphernalia/misc.
- **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
- **OFQ** office expenses
- **PET** petition circulating
- **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, email)

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

### NAME AND ADDRESS OF PAYEE OR CREDITOR

**NAME AND ADDRESS OF PAYEE OR CREDITOR**

**IF COMMITTEE, ALSO ENTER I.D. NUMBER**

<table>
<thead>
<tr>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**TOTAL**
Schedule H –
Loans Made to Others*

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

I.D. NUMBER
1407058

FULL NAME, STREET ADDRESS AND ZIP CODE
OF RECIPIENT

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD

(b) AMOUNT LOANED THIS PERIOD

(c) REPAYMENT OR FORGIVENESS THIS PERIOD*

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

(e) INTEREST RECEIVED

(f) ORIGINAL AMOUNT OF LOAN

(g) CUMULATIVE LOANS TO DATE

SUBTOTALS

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

Schedule H Summary

1. Loans made this period ........................................................................................................................................
(Total Column (b) plus unitemized loans less than $100.)

2. Payments received on loans .............................................................................................................................
(Total Column (c) plus unitemized payments less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ...................................................................................
(Enter the net here and on the Summary Page, Column A, Line 7.)

CALIFORNIA FORM 460

Statement covers period
from 07/01/2018
through 09/22/2018

Page 12 of 14

*I.D. NUMBER

** If Required

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
Schedule I
Miscellaneous Increases to Cash

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

Statement covers period from 07/01/2018 through 09/22/2018

SCHEDULE I

NAME OF FILER
League of California Cities (Nonprofit IRC 115) - Non-Public Funds

I.D. NUMBER
1407058

DATE RECEIVED
FULL NAME AND ADDRESS OF SOURCE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)
DESCRIPTION OF RECEIPT
AMOUNT OF INCREASE TO CASH

9/17/2018
League of California Cities
Sacramento, CA 95814
Memo Reference: INC364
Non Public Funds Used to Make Contributions
$160,000.00

ATTACH ADDITIONAL INFORMATION ON APPROPRIATELY Labeled CONTINUATION SHEETS.

SUBTOTAL $160,000.00

Schedule I Summary
1. Increases to cash of $100 or more this period...

2. Unitemized increases to cash under $100 this period...

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e))...

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)...

TOTAL $160,000.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
Memo Reference: INC364
Reporting pursuant to Government Code Section 84222.5