

**Recipient Committee
Campaign Statement
Cover Page**

CITY CLERK

COVER PAGE

Date Stamp 2014 JUL 29 AM	CALIFORNIA FORM 460
	Page 1 of 5
For Official Use Only	

Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	Date of Election If applicable: (Month, Day, Year)
--------------------------------------------------------------------------------	-----------------------------------------------------------

1. Type of Recipient Committee

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
 Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

Pre-election Statement
 Semi-Annual Statement
 Termination Statement
 Amendment

Quarterly Statement
 Special Odd-Year Statement
 Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1359029

COMMITTEE NAME
Laura Friedman For City Council 2013-Officeholder Account

STREET ADDRESS (NO PO BOX)
[REDACTED]

CITY Los Angeles STATE CA ZIP CODE 90048 AREA CODE/PHONE [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

CITY _____ STATE _____ ZIP CODE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
Jane Leiderman

STREET ADDRESS
[REDACTED]

CITY Los Angeles STATE CA ZIP CODE 90048 AREA CODE/PHONE /

NAME OF ASSISTANT TREASURER, IF ANY _____

STREET 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 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 7/23/14 By _____
 Executed on 7/23/14 By _____
 Executed on _____ By _____
 Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period
from 01/01/2014
through 06/30/2014

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Laura Friedman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member City of Glendale

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Glendale CA 91206

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 ?
 YES NO

COMMITTEE STREET ADDRESS (NO P.O. BOX) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER _____ CONTROLLED COMMITTEE ?
 YES NO

COMMITTEE 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 OR 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

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 460 Page 3 of 5
--------------------------------------------------------------------------------	-----------------------------------------------

NAME OF FILER Laura Friedman For City Council 2013-Officeholder Account

I.O. NUMBER
1359029

	Column A TOTAL PERIOD FROM ATTACHED SCHEDULES	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ 0.00	\$ 0.00
2. Loans Received <i>Schedule B, Line 3</i>	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ 0.00	\$ 0.00

**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 <i>Schedule E, Line 4</i>	\$ 549.14	\$ 549.14
7. Loans Made <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ 549.14	\$ 549.14
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	0.00	0.00
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	0.00	0.00
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ 549.14	\$ 549.14

**Expenditure Limit Summary
for State Candidates**

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

_____ \$ _____
_____ \$ _____

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

Current Cash Statement	
12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ 3,742.04
13. Cash Receipts <i>Column A, Line 3 above</i>	0.00
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	0.00
15. Cash Payments <i>Column A, Line 8 above</i>	549.14
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 3,192.90

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ 0.00
--------------------------------------------------------------	---------

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts <i>Add Lines 2 + Line 9 in Column B above</i>	\$ 0.00

**Schedule E
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 4 of 5
NAME OF FILER Laura Friedman For City Council 2013-Officeholder Account		I.D. NUMBER 1359029

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
FIA Card Services ██████████ Newark, DE 19713	See Schedule G for payees reaching disclosure threshold.	35.00
FIA Card Services ██████████ Newark, DE 19713	See Schedule G for payees reaching disclosure threshold.	35.00
FIA Card Services ██████████ Newark, DE 19713	See Schedule G for payees reaching disclosure threshold.	35.00
SUBTOTAL \$		105.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 446.57
2. Unitemized payments made this period of under \$100	\$ 102.57
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 549.14

Schedule E (Continuation Sheet)
Payments Made

Statement covers period		CALIFORNIA FORM 460
from	01/01/2014	
through	06/30/2014	Page 5 of 5
NAME OF FILER Laura Friedman For City Council 2013-Officeholder Account		I.D. NUMBER 1359029

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
FIA Card Services ██████████ Newark, DE 19713		See Schedule G for payees reaching disclosure threshold.	35.00
FIA Card Services ██████████ Newark, DE 19713		See Schedule G for payees reaching disclosure threshold.	206.57
Scroptimist International of Glendale ██████████ Glendale, CA 91209	CVC		100.00

SUBTOTAL \$ 341.57