

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Type or print in ink.

Statement covers period from <u>02/15/2015</u> through <u>03/28/2015</u>	Date of election if applicable: (Month, Day, Year) <u>05/12/2015</u>
Date Stamp	
CALIFORNIA FORM 460	
Page <u>1</u> of <u>9</u>	
For Official Use Only	

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)
- To amend Schedules A and E

- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1373372

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

Christian Anthony Horvath for Redondo Beach City Council 2015

Treasurer(s)

NAME OF TREASURER

John Gran

MAILING ADDRESS

2514 Vanderbilt Lane

STREET ADDRESS (NO P.O. BOX)

1700 Van Horne Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Redondo Beach CA 90278 310 933-1378

CITY STATE ZIP CODE AREA CODE/PHONE

Redondo Beach CA 90278 310 261-5929

MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 2/1/16 Date
 Executed on 2/1/16 Date
 Executed on _____ Date
 Executed on _____ Date

By  Signature of Treasurer or Assistant Treasurer
 By _____ Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officer/Holder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Christian Anthony Horvath

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Member, Redondo Beach City Council District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1700 Van Horne Lane Redondo Beach CA 90278

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
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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

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

SUMMARY PAGE

Statement covers period
from 02/15/2015
through 03/28/2015

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Gran

I.D. NUMBER

1373372

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 6883.00	\$ 13531.00
2. Loans Received	Schedule B, Line 3 .00	1000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 6883.00	\$ 14531.00
4. Nonmonetary Contributions	Schedule C, Line 3 .00	800.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 6883.00	\$ 15331.00

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	Schedule E, Line 4 \$ 3743.98	\$ 8003.36
7. Loans Made	Schedule H, Line 3 .00	.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 3743.98	\$ 8003.36
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 .00	.00
10. Nonmonetary Adjustment	Schedule C, Line 3 .00	800.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 3743.98	\$ 8803.36

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 \$ 3550.05
13. Cash Receipts	Column A, Line 3 above 6883.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 .00
15. Cash Payments	Column A, Line 8 above 3743.98
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 6689.07

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

17. LOANGUARANTEES RECEIVED
 Schedule B, Part 2 \$.00 |

Cash Equivalents and Outstanding Debts

18. Cash Equivalents
 See Instructions on reverse \$.00 |

19. Outstanding Debts
 Add Line 2 + Line 9 in Column B above \$ 1000.00 |

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.

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM
460

Statement covers period
 from 02/15/2015
 through 03/28/2015

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Gran

I.D. NUMBER

1373372

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)
02/17/2015	BizFed PAC 455 Capitol Mall, Suite 600 Sacramento CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	1500.00	
2/24/2015	CREPAC-C.A.R. Candidate Support 525 S. Virgil Ave Los Angeles CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
2/26/2015	District Council of Iron Workers Political Action League 1660 San Pablo Ave, Suite C Pinole CA 94564	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
2/27/2015	UA Journeymen & Apprentices Local #250 18355 S. Figueroa St. Gardena CA 90248	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00	2000.00	
2/27/2015	Southern California Pipe Trades District Council #16 501 Shatto Place, Ste. 400 Los Angeles, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00	2000.00	
SUBTOTAL \$				5750.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 5900.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 983.00
- Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6883.00

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

STATEMENT COVERS PERIOD from <u>02/15/2015</u> through <u>03/28/2015</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>9</u> I.D. NUMBER 1373372
NAME OF FILER John Gran	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
3/3/2015	California Teamsters Public Affairs Council 1127 11th St., Ste. 512 Sacramento CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00	2000.00	
3/6/2015	Laborers' International Union of North America Local 1309 3919 Paramount Blvd. Lakewood CA 90712	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
3/17/2015	BizFed PAC 455 Capitol Mall, Suite 600 Sacramento CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	1500.00	
3/8/2015	Clint Bogan 15 Galewood Drive Homdel NJ 7733	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer PSEG	100.00	100.00	
3/19/2015	Jane Diehl 2600 Armour Lane Redondo Beach CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Physical Therapist	100.00	100.00	
SUBTOTAL \$					3950.00	

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 02/15/2015
through 03/28/2015

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CALIFORNIA
FORM **460**

NAME OF FILER
John Gran

I.D. NUMBER
1373372

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)
3/20/2015	Yvonne & Allen Vick 211 Avenue E Redondo Beach CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
3/23/2015	Bill Guernsey 2802 Fisk Ln Redondo Beach CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer/Manager Northrop Grumman	100.00	100.00	
3/19/2015	4320 Imperial Inc. 4320 W. Imperial Hwy. Inglewood, CA 90304-2810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<4000.00>	.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 \$				<3800.00>		

*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

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

**Schedule B – Part 1
Loans Received**

Statement covers period
from 02/15/2015
through 03/28/2015

**CALIFORNIA
FORM 460**

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I.D. NUMBER
1373372

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Gran

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	†	
									CALENDAR YEAR	PER ELECTION**
Christian Anthony Horvath 1700 Van Horne Lane Redondo Beach, CA 90278	Principal Champ Creative Communication & Design	\$ 1000.00	\$.00	\$.00	\$ 1000.00	N/A %	\$ 1000.00	\$ 1000.00	11/6/14	PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	\$	%	\$	\$		PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	\$	%	\$	\$		PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	\$	%	\$	\$		PER ELECTION**
SUBTOTALS \$.00 \$.00 \$	1000.00 \$.00		

Schedule B Summary

- Loans received this period..... \$.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$.00
(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 \$** .00
Enter the net here and on the Summary Page, Column A, Line 2.

†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.

Type or print in ink.
Amounts may be rounded
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Statement covers period
from 02/15/2015
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
John Gran
I.D. NUMBER
1373372

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citi Cards Processing Center Des Moines		Credit card payment for purchases from vendors reported below.	1343.98
Seaside Printing 1220 East 4th Street Long Beach CA 90802 4Over 5900 San Fernando Rd. Glendale, CA 91202 Nationbuilder 520 S Grand Ave, 2nd Floor Los Angeles CA 90071	LIT LIT WEB		
Facebook 1 Hacker Way Menlo Park, CA 94025 99 Cents Only Stores 5130 190th Street Torrance CA 90504 Dollar Tree 1206 Beryl St Redondo Beach, CA 90278	WEB OFC OFC		

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3743.98
2. Unitemized payments made this period of under \$100 \$.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$.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 \$** 3743.98

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA 460	
from	02/15/2015	FORM	
through	03/28/2015	Page	9 of 9
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER	1373372
NAME OF FILER		John Gran	

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
Citi Cards Processing Center Des Moines			Credit card payment for purchases from vendors reported below.	
Aricos Hallmark / USPS 1262 Beryl Street Redondo Beach CA 90277 USPS 1201 N Catalina Ave Redondo Beach CA 90277			POS POS	
Lawrence Fox Consulting 615 Esplanade Suite 604 Redondo Beach, CA 90277	CNS			2000.00
City of Redondo Beach 415 Diamond Street Redondo Beach CA 90277		FIL		400.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 2400.00