

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp

E-Filed
10/21/2020
00:37:58

Filing ID:
193704886

Page 1 of 10

For Official Use Only

Statement covers period

from 09/20/2020

through 10/17/2020

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

11/03/2020

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1419922

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

Burbank Tenants Rights Committee in support of Measure RC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Burbank</u>	<u>CA</u>	<u>91506</u>	<u>(818) 253-4407</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

burbanktenants@gmail.com

Treasurer(s)

NAME OF TREASURER

David Dobson

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Burbank</u>	<u>CA</u>	<u>91506</u>	<u>(818) 253-4407</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

dndobson@gmail.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 10/21/2020
Date

By David Dobson
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

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

Executed on _____
Date

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

Executed on _____
Date

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

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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
2020 Burbank Just Cause Eviction and Rent Regulation Measure

BALLOT NO. OR LETTER RC	JURISDICTION Burbank, CA	<input checked="" 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

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>3</u> of <u>10</u>
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		1419922

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Burbank Tenants Rights Committee in support of Measure RC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 2,467.00	\$ 24,492.00
2. Loans Received Schedule B, Line 3	0.00	23,200.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,467.00	\$ 47,692.00
4. Nonmonetary Contributions Schedule C, Line 3	208.00	1,192.09
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,675.00	\$ 48,884.09

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	Column B
6. Payments Made Schedule E, Line 4	\$ 2,003.40	\$ 32,705.90
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2,003.40	\$ 32,705.90
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-2,000.00	1,925.57
10. Nonmonetary Adjustment Schedule C, Line 3	208.00	1,192.09
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 211.40	\$ 35,823.56

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	\$ 123.39
13. Cash Receipts Column A, Line 3 above	2,467.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	2,003.40
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 586.99

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.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
---	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 25,125.57

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 4 of 10
NAME OF FILER		I.D. NUMBER
Burbank Tenants Rights Committee in support of Measure RC		1419922

SEE INSTRUCTIONS ON REVERSE

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)
09/23/2020	Liberty Hill Foundation Los Angeles, CA 90048	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	7,000.00	G2020 \$2,000.00
09/26/2020	Gloria Kelly Burbank, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paralegal Self	100.00	300.00	G2020 \$300.00
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2,100.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,100.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 367.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,467.00

*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 B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>5</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Burbank Tenants Rights Committee in support of Measure RC

I.D. NUMBER

1419922

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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Margo Rowder Burbank, CA 91501 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Freelance Copywriter Margo Rowder	\$ 8,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 8,000.00 12/31/2020 DATE DUE	0.0 % RATE \$ 0.00	\$ 15,000.00 12/11/2019 DATE INCURRED	CALENDAR YEAR \$ 184.09 PER ELECTION** \$ 31.35
Margo Rowder Burbank, CA 91501 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Freelance Copywriter Margo Rowder	\$ 4,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 4,000.00 12/31/2020 DATE DUE	0.00 % RATE \$ 0.00	\$ 4,000.00 01/29/2020 DATE INCURRED	CALENDAR YEAR \$ 184.09 PER ELECTION** \$ 31.35
Konstantine Anthony Burbank, CA 91501 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	In-Home Supportive Services Provider Lomond Anthony	\$ 9,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 9,000.00 12/31/2020 DATE DUE	00.00 % RATE \$ 0.00	\$ 9,000.00 04/03/2020 DATE INCURRED	CALENDAR YEAR \$ 9,000.00 PER ELECTION** \$

SUBTOTALS \$ 0.00 \$ 0.00 \$ 21,000.00 \$ 0.00

Schedule B Summary

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

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(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 \$ 0.00**
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 B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>6</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Burbank Tenants Rights Committee in support of Measure RC

I.D. NUMBER

1419922

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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Margo Rowder Burbank, CA 91501	Freelance Copywriter Margo Rowder	\$ 2,200.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,200.00 12/31/2020 DATE DUE	0.00% RATE \$ 0.00	\$ 2,200.00 04/29/2020 DATE INCURRED	CALENDAR YEAR \$ 184.09 PER ELECTION** \$ G2020 31.35
† <input checked="" 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				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$			0.00 \$	0.00 \$	2,200.00 \$	0.00		

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

†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 C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>7</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Burbank Tenants Rights Committee in support of Measure RC		1419922

SEE INSTRUCTIONS ON REVERSE

Burbank Tenants Rights Committee in support of Measure RC

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/09/2020	Gloria Kelly Burbank, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paralegal Self	Flyer Printing	200.00	300.00	G2020 \$300.00
		<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<i>Attach additional information on appropriately labeled continuation sheets.</i>					SUBTOTAL \$	200.00	

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	200.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	8.00
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 \$	208.00

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 8 of 10
NAME OF FILER		I.D. NUMBER
Burbank Tenants Rights Committee in support of Measure RC		1419922

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Burbank Tenants Rights Committee in support of Measure RC

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
Olson REMCHO, LLP Sacramento, CA 95814-4503	LEG			2,000.00

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

SUBTOTAL \$ 2,000.00

Schedule E Summary

- | | | |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 2,000.00 |
| 2. Unitemized payments made this period of under \$100 | \$ | 3.40 |
| 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 \$ | 2,003.40 |

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 9 of 10
NAME OF FILER		I.D. NUMBER
Burbank Tenants Rights Committee in support of Measure RC		1419922

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Olson REMCHO, LLP Sacramento, CA 95814-4503	LEG	-414.50	0.00	0.00	-414.50
Olson REMCHO, LLP Sacramento, CA 95814-4503	LEG	414.50	0.00	0.00	414.50
Olson REMCHO, LLP Sacramento, CA 95814-4503	LEG	3,000.00	0.00	2,000.00	1,000.00

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

SUBTOTALS \$	3,000.00\$	0.00\$	2,000.00\$	1,000.00
---------------------	------------	--------	------------	----------

Schedule F Summary

- 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.) **INCURRED TOTALS \$** 0.00
- 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.) **PAID TOTALS \$** 2,000.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -2,000.00
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 10 of 10

NAME OF FILER Burbank Tenants Rights Committee in support of Measure RC	I.D. NUMBER 1419922
--	------------------------

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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Olson REMCHO, LLP Sacramento, CA 95814-4503	LEG	760.00	0.00	0.00	760.00
Olson REMCHO, LLP Sacramento, CA 95814-4503	LEG	165.57	0.00	0.00	165.57
SUBTOTALS \$		925.57 \$	0.00 \$	0.00 \$	925.57