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

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
   - 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
   - MAILING ADDRESS
     League of California Cities
     Sacramento, CA 95814
   - CITY
     Sacramento
   - STATE
     CA
   - ZIP CODE
     95814
   - AREA CODE/PHONE
     (916)658-8200
   - MAILING ADDRESS
     (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   - CITY
   - STATE
   - ZIP CODE
   - AREA CODE/PHONE
   - 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 07/31/2018
   By Norman Coppinger
   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
   EXECUTED ON DATE
   By

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></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

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td>JURISDICTION</td>
</tr>
</tbody>
</table>

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT | OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY | SUPPORT | OPPOSE |

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**
Campaign Disclosure Statement
Summary Page

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

Statement covers period from __________ through __________

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

Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</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</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$100,000.00</td>
<td>$100,000.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$100,000.00</td>
<td>$100,000.00</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>$100,000.00</td>
<td>$100,000.00</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>$0.00</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$100,000.00</td>
<td>$100,000.00</td>
</tr>
<tr>
<td>Cash Payments</td>
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<tr>
<td>ENDING CASH BALANCE</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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>
<td>$0.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Expenditures Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

FFPC Form 460 (June/01)
FFPC Toll-Free Helpline: 866/ASK-FPPC
### Schedule A
Monetary Contributions Received

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

### Statement covers period

- **from**: 01/01/2018
- **through**: 06/30/2018

### CALIFORNIA FORM 460

#### SCHEDULE A

<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>
<td></td>
<td></td>
<td>IND</td>
<td>COM</td>
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<td>COM</td>
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<td></td>
<td>SCC</td>
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</tr>
</tbody>
</table>

#### 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 (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 B – Part 1
Loans Received

SEE INSTRUCTIONS ON REVERSE

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

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)

<table>
<thead>
<tr>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td></td>
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<td></td>
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<td></td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
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<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
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<td></td>
<td></td>
<td></td>
<td>PER ELECTION**</td>
</tr>
</tbody>
</table>

SUBTOTALS

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)

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

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
Schedule B - Part 2
Loan Guarantors

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

Statement covers period
from 01/01/2018
to 06/30/2018

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER 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>
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</tbody>
</table>

SUBTOTAL

Enter on Summary Page.
Line 17 only.

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

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

<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>
<td></td>
<td></td>
<td>IND, COM, OTH, PTY, SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND, COM, OTH, PTY, SCC</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND, COM, OTH, PTY, SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

---

**Contributor Codes**

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

---

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

**I.D. Number**  
1407058
### Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.)  
   $102,346.88

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 $102,346.88
<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>6/30/2018</td>
<td>Affordable Housing Now - Yes on Props 1 &amp; 2 Coalition Veterans and Affordable Housing Bond Act of 2018 Jurisdiction: Statewide; Proposition 1</td>
<td>☐ Monetary Contribution</td>
<td>Staff Time, Travel, Office Expenses, Meetings, Printing from January 1 through June 30, 2018</td>
<td>$1,369.88</td>
<td>$1,369.88</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL** $102,346.88
# Schedule E

## Payments Made

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

**Statement covers period**

from 01/01/2018

through 06/30/2018

**NAME OF FILER**

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

**I.D. NUMBER**

14009374

**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
- 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
- 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coalition to Protect Local Transportation Improvements Sacramento, CA 95815</td>
<td>CTB</td>
<td>Motor Vehicle Fees and Taxes: Restriction on Expenditures: Appropriations Limit. Statewide; Proposition 69</td>
<td>$40,000.00</td>
</tr>
<tr>
<td>Committee ID: 14009374</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coalition to Protect Local Transportation Improvements Sacramento, CA 95815</td>
<td>CTB</td>
<td>Eliminates Recently Enacted Road Repairs &amp; Transportation Funding. Statewide; Proposition 6</td>
<td>$60,000.00</td>
</tr>
<tr>
<td>Committee ID: 14009374</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $100,000.00

## Schedule E Summary

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

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

FPPC 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 from 01/01/2018 through 06/30/2018

SCHEDULE F
SEE INSTRUCTIONS ON REVERSE

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<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>
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</table>

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

SUBTOTALS

Schedule F Summary

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.) ..........................................................

INCURRED TOTALS
PAID TOTALS
NET

May be a negative number.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
## 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 from 01/01/2018 through 06/30/2018</th>
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</thead>
<tbody>
<tr>
<td>CALIFORNIA FORM 460</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Page 12 of 15</td>
</tr>
<tr>
<td>I.D. NUMBER 1407058</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
- **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, email)

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
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</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.
**Schedule H – Loans Made to Others**

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

**Statement covers period from 01/01/2018 through 06/30/2018**

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

**I.D. NUMBER**
1407058

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT LOANED THIS PERIOD</th>
<th>(c) REPAYMENT OR FORGIVENESS THIS PERIOD*</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST RECEIVED</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE LOANS TO DATE</th>
<th>CALENDAR YEAR</th>
<th>PER ELECTION**</th>
<th>DATE DUE</th>
<th>DATE INCURRED</th>
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*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

**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.) ....................................................... ........................

   **NET** (May be a negative number)

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

**SCHEDULE H**

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

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

06/30/2018

01/01/2018

13 15
Schedule I
Miscellaneous Increases to Cash

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

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/27/2018</td>
<td>League of California Cities</td>
<td>Non Public Funds Used to Make Contributions</td>
<td>$100,000.00</td>
</tr>
<tr>
<td></td>
<td>Sacramento, CA 95814</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Memo Reference: INC360</td>
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</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**Schedule I Summary**

1. Increases to cash of $100 or more this period........................................................................................................... $100,000.00
2. Unitemized increases to cash under $100 this period........................................................................................................... $0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).......................................................... $0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)........................................................................................................... $100,000.00

**SUBTOTAL $100,000.00**