

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|   |   |   |   |
|---|---|---|---|
| <b>Statement covers period</b><br>from <u>07/01/2015</u><br><br>through <u>12/31/2015</u> | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>_____ | <b>Date Stamp</b><br><br><b>Filed Date:</b><br><b>01/30/2016 02:50 PM</b> | <b>CALIFORNIA FORM 460</b><br><br>Page <u>1</u> of <u>13</u><br><br>For Official Use Only |
|---|---|---|---|

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

## 2. Type of Statement:

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                            | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)<br>_____<br>_____                 |   |

## 3. Committee Information

I.D. NUMBER 1299837

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

Suja Lowenthal Officeholder Committee

STREET ADDRESS (NO P.O. BOX)

525 E. Seaside Way, #101-C

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Long Beach | CA    | 90802    | (562)983-0815   |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

(562)983-0817 gary@crummittandassociates.com

## Treasurer(s)

NAME OF TREASURER

Heather Blackmun

MAILING ADDRESS

525 E. Seaside Way, #101-C

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Long Beach | CA    | 90802    | (562)983-0815   |

NAME OF ASSISTANT TREASURER, IF ANY

Gary Crummitt

MAILING ADDRESS

525 E. Seaside Way, #101-C

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Long Beach | CA    | 90802    | (562)983-0815   |

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 01/30/2016  
Date

Executed on 01/30/2016  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Gary Crummitt  
Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 13

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Suja Lowenthal

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

City Council Member : City of Long Beach 2

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY       | STATE | ZIP   |
|---|------------|-------|-------|
| 525 E. Seaside Way, #101-C                    | Long Beach | CA    | 90802 |

**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 |
|----------------------------------|-------------|
| Suja Lowenthal for Assembly 2014 | 1361610     |

| NAME OF TREASURER | CONTROLLED COMMITTEE?   |
|-------------------|---|
| Brock Coward      | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

| COMMITTEE ADDRESS          | STREET ADDRESS (NO P.O. BOX) |
|----------------------------|------------------------------|
| 525 E. Seaside Way, #101-C |                              |

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Long Beach | CA    | 90802    | (562)983-0815   |

| 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<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>07/01/2015</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12/31/2015</u>                         |                                |
| Page <u>3</u> of <u>13</u>                        |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Suja Lowenthal Officeholder Committee

I.D. NUMBER

1299837

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ <u>4,749.00</u>   | \$ <u>18,026.00</u>                        |
| 2. Loans Received .....               | Schedule B, Line 3 | <u>0.00</u>  | <u>0.00</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ <u>4,749.00</u>   | \$ <u>18,026.00</u>                        |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | <u>0.00</u>  | <u>0.00</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ <u>4,749.00</u>   | \$ <u>18,026.00</u>                        |

## 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   | \$ <u>8,952.59</u> | \$ <u>15,771.33</u> |
| 7. Loans Made .....                      | Schedule H, Line 3   | <u>0.00</u>        | <u>0.00</u>         |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ <u>8,952.59</u> | \$ <u>15,771.33</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | <u>0.00</u>        | <u>0.00</u>         |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | <u>0.00</u>        | <u>0.00</u>         |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$ <u>8,952.59</u> | \$ <u>15,771.33</u> |

## Expenditure Limit Summary for State Candidates

|   |               |
|---|---------------|
| <b>22. Cumulative Expenditures Made*</b><br>(If Subject to Voluntary Expenditure Limit) |               |
| Date of Election<br>(mm/dd/yy)  | Total to Date |
| <u>  /  /  </u>   | \$ _____      |
| <u>  /  /  </u>   | \$ _____      |
| <u>  /  /  </u>   | \$ _____      |

## Current Cash Statement

|   |   |                     |
|---|---|---------------------|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                | \$ <u>12,978.66</u> |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | <u>4,749.00</u>     |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | <u>0.00</u>         |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | <u>8,952.59</u>     |
| 16. ENDING CASH BALANCE .....             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>8,775.07</u>  |

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

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

## Cash Equivalents and Outstanding Debts

|                             |                                       |                |
|-----------------------------|---------------------------------------|----------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$ <u>0.00</u> |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$ <u>0.00</u> |

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

|                         |                    |                            |
|-------------------------|--------------------|----------------------------|
| Statement covers period |                    | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2015         | through 12/31/2015 |                            |
| Page 4 of 13            |                    |                            |

SEE INSTRUCTIONS ON REVERSE

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Suja Lowenthal Officeholder Committee | I.D. NUMBER<br>1299837 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 9/1/2015           | Sergio Carrillo<br>[REDACTED]<br>Wilmington CA 90744  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President<br>Carrillo Strategies  | 100.00                      | 200.00  |                                    |
| 12/28/2015         | Hal Dash<br>[REDACTED]<br>Valencia CA 91355   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Public Relations<br>Cerrell Associates  | 250.00                      | 250.00  |                                    |
| 12/14/2015         | Debra Fixen<br>[REDACTED]<br>Long Beach CA 90802  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Property Manager<br>Shoreline Village   | 250.00                      | 750.00  |                                    |
| 7/2/2015           | Adam Hijazi<br>[REDACTED]<br>Irvine CA 92602  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager<br>LBCA   | 750.00                      | 750.00  |                                    |
| 12/31/2015         | Stanley Hoffman<br>[REDACTED]<br>Draper UT 84020  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Senior Director<br>Woodbury Strategic Partners  | 200.00                      | 200.00  |                                    |
| <b>SUBTOTAL \$</b> |   |   |   | 1,550.00                    |   |                                    |

### Schedule A Summary

- Amount received this period – itemized monetary contribution  
(Include all Schedule A subtotals.) ..... \$ 4,600.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 149.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4,749.00

\*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 |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2015 |                                |
| through                 | 12/31/2015 | Page 5 of 13                   |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Suja Lowenthal Officeholder Committee | I.D. NUMBER<br>1299837 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 12/16/2015         | Matthew Knabe<br>[REDACTED]<br>Long Beach CA 90815  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Englander, Knabe & Allen  | 250.00                      | 750.00  |                                    |
| 7/28/2015          | Walter Larkins<br>[REDACTED]<br>Long Beach CA 90802   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President<br>CDR Benefits & Insurance Services, LLC   | 100.00                      | 100.00  |                                    |
| 7/20/2015          | Long Beach Yellow Cab Cooperative, Inc.<br>[REDACTED]<br>Gardena CA 90249                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 750.00                      | 750.00  |                                    |
| 12/28/2015         | Mitsubishi Cement Corp.<br>[REDACTED]<br>Lucerne Valley CA 92356                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 250.00                      | 250.00  |                                    |
| 12/19/2015         | The Law Offices of Marc Coleman<br>[REDACTED]<br>Long Beach CA 90802                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 100.00                      | 100.00  |                                    |
| <b>SUBTOTAL \$</b> |   |   |   | 1,450.00                    |   |                                    |

\*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 |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2015         |  |                                |
| through 12/31/2015      |  | Page 6 of 13                   |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Suja Lowenthal Officeholder Committee | I.D. NUMBER<br>1299837 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 12/28/2015         | Thomas Safran & Assoc. Development, Inc.<br>[REDACTED]<br>Los Angeles CA 90049                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 750.00                      | 750.00  |                                    |
| 12/20/2015         | Mike Walter<br>[REDACTED]<br>Long Beach CA 90814  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive Assistant to the President<br>Cal State University Long Beach                       | 750.00                      | 750.00  |                                    |
| 7/2/2015           | Sunny Zia<br>[REDACTED]<br>Long Beach CA 90802  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Contract Compliance Manager<br>Port Of Long Beach   | 100.00                      | 100.00  |                                    |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |   |                                    |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |   | 1,600.00                    |   |                                    |

\*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 D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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

SCHEDULE D

|  |            |                            |
|--|------------|----------------------------|
| Statement covers period                                |            | <b>CALIFORNIA FORM 460</b> |
| from   | 07/01/2015 |                            |
| through  | 12/31/2015 | Page <u>7</u> of <u>13</u> |
| NAME OF FILER<br>Suja Lowenthal Officeholder Committee |            | I.D. NUMBER<br>1299837     |

SEE INSTRUCTIONS ON REVERSE

| DATE        | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE   | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 08/10/2015  | Democratic Women's Study Club of Long Beach<br>[REDACTED]<br>Long Beach CA 90804<br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 100.00             | 100.00  |                                    |
| 10/05/2015  | Long Beach Lambda Democratic Club<br>[REDACTED]<br>Long Beach CA 90802<br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose           | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 600.00             | 600.00  |                                    |
|             | <input type="checkbox"/> Support <input type="checkbox"/> Oppose  | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
| SUBTOTAL \$ |   |  |                           | 700.00             |   |                                    |

**Schedule D Summary**

|   |                        |
|---|------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .....                | \$ 700.00              |
| 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.)..... | <b>TOTAL \$ 700.00</b> |

# Schedule E Payments Made

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

SCHEDULE E

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period<br>from 07/01/2015<br>through 12/31/2015 |  | <b>CALIFORNIA<br/>FORM 460</b> |
| Page 8 of 13   |  |                                |
| NAME OF FILER<br>Suja Lowenthal Officeholder Committee           |  | I.D. NUMBER<br>1299837         |

SEE INSTRUCTIONS ON REVERSE

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT      | AMOUNT PAID |
|---|---------|-----------------------------|-------------|
| ArtExchange<br>[REDACTED]<br>Long Beach CA 90802                    | CVC     |                             | 250.00      |
| Sergio Carrillo<br>[REDACTED]<br>Wilmington CA 90744                |         | Check Returned              | 100.00      |
| Click And Pledge<br>[REDACTED]<br>Broomfield CO 80021               |         | Credit Card Processing Fees | 58.95       |
| Click And Pledge<br>[REDACTED]<br>Broomfield CO 80021               |         | Credit Card Processing Fees | 144.03      |

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

**SUBTOTAL \$ 552.98**

## Schedule E Summary

|  |                          |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 8,736.09              |
| 2. Unitemized payments made this period of under \$100.  | \$ 216.50                |
| 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.) | <b>TOTAL \$ 8,952.59</b> |



# Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Suja Lowenthal Officeholder Committee

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

SCHEDULE E (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2015 |                                |
| through                 | 12/31/2015 | Page 9 of 13                   |
|                         |            | I.D. NUMBER<br>1299837         |

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE OR | DESCRIPTION OF PAYMENT      | AMOUNT PAID |
|---|---------|-----------------------------|-------------|
| Click And Pledge<br>[REDACTED]<br>Broomfield CO 80021                           |         | Credit Card Processing Fees | 35.25       |
| Click And Pledge<br>[REDACTED]<br>Broomfield CO 80021                           |         | Credit Card Processing Fees | 22.00       |
| Click And Pledge<br>[REDACTED]<br>Broomfield CO 80021                           |         | Credit Card Processing Fees | 20.00       |
| Click And Pledge<br>[REDACTED]<br>Broomfield CO 80021                           |         | Credit Card Processing Fees | 20.00       |
| College of the Ozarks Fruitcake Kitchen<br>[REDACTED]<br>Point Lookout MO 65726 | OFC     |                             | 1,150.00    |

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

**SUBTOTAL \$ 1,247.25**

# Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Suja Lowenthal Officeholder Committee

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to whole dollars.

SCHEDULE E (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2015 |                                |
| through                 | 12/31/2015 | Page 10 of 13                  |
|                         |            | I.D. NUMBER<br>1299837         |

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|-----|---|-----|---|-----|---|
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| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Crummitt & Associates<br>[REDACTED]<br>Long Beach CA 90802                       | PRO     |                        | 930.00      |
| Democratic Women's Study Club of Long Beach<br>[REDACTED]<br>Long Beach CA 90804 | CTB     |                        | 100.00      |
| Emissary Media Group<br>[REDACTED]<br>Long Beach CA 90802                        |         | Sponsorship            | 200.00      |
| Heather Blackmun<br>[REDACTED]<br>Los Alamitos CA 90720                          | OFC     |                        | 38.95       |
| Heather Blackmun<br>[REDACTED]<br>Los Alamitos CA 90720                          | OFC     |                        | 94.76       |

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

**SUBTOTAL \$ 1,363.71**

# Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Suja Lowenthal Officeholder Committee

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to whole dollars.

SCHEDULE E (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2015 |                                |
| through                 | 12/31/2015 | Page 11 of 13                  |
|                         |            | I.D. NUMBER<br>1299837         |

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| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                 | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Heather Blackmun<br>[REDACTED]<br>Los Alamitos CA 90720                             | OFC     |                        | 52.46       |
| Long Beach AIDS Food Store<br>[REDACTED]<br>Long Beach CA 90804                     | CVC     |                        | 220.00      |
| Long Beach Lambda Democratic Club ID#781328<br>[REDACTED]<br>Long Beach CA 90802    | CTB     |                        | 600.00      |
| Long Beach Neighborhood Foundation<br>[REDACTED]<br>Long Beach CA 90808             | CVC     |                        | 250.00      |
| Los Angeles County Democratic Party ID#744554<br>[REDACTED]<br>Los Angeles CA 90010 | PRT     |                        | 147.06      |

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

**SUBTOTAL \$ 1,269.52**

# Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Suja Lowenthal Officeholder Committee

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2015 |                            |
| through                 | 12/31/2015 | Page 12 of 13              |
|                         |            | I.D. NUMBER<br>1299837     |

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

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| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Progressive Solutions Consulting<br>[REDACTED]<br>Long Beach CA 90802 | CNS     |                        | 2,211.23    |
| Progressive Solutions Consulting<br>[REDACTED]<br>Long Beach CA 90802 | CNS     |                        | 271.40      |
| Stanford Middle School PTA<br>[REDACTED]<br>Long Beach CA 90815       | CVC     |                        | 1,000.00    |
| The AIA Long Beach/South Bay<br>[REDACTED]<br>Long Beach CA 90815     | CVC     |                        | 375.00      |
| The Center Long Beach<br>[REDACTED]<br>Long Beach CA 90814            | CVC     |                        | 250.00      |

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

**SUBTOTAL \$ 4,107.63**

# Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Suja Lowenthal Officeholder Committee

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Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2015 |                            |
| through                 | 12/31/2015 | Page 13 of 13              |
|                         |            | I.D. NUMBER<br>1299837     |

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|---|---------|----------------------------------|-------------|
| TJ's Party Jumpers<br>[REDACTED]<br>Cerritos CA 90703               |         | Bouncy house for PARA fundraiser | 195.00      |
|   |         |                                  |             |
|   |         |                                  |             |
|   |         |                                  |             |
|   |         |                                  |             |
|   |         |                                  |             |

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**SUBTOTAL \$ 195.00**