COVER PAGE Recipient Committee Campaign Statement Cover Page Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 9/22/2019 11/5/2019 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Controlled ○ Recall Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Pari 6) Amendment (Explain below). General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee LO, NUMBER 3. Committee Information Treasurer(s) 14 20537 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Shelbyree Black for City Countil 2019 Peter F. Bleck MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE Long Beach 9080 L ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Long Beach CA 9080 L. MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE ZIP CODE AREA CODIDPHONE ZIP CODE AREA CODE/PHONE STATE OPTIONAL FAX / E-MAIL ADDRESS OFTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used alt 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 genalty of perjury under the laws of the State of California that the for Executed on Signature of Controlling Officenoider, Candidate, State Measure Prepagent

Signature of Controlling Officeholder, Canadate, State Measure Proponent

Executed on _

Recipient Committee Campaign Statement Cover Page			LON	Sate Stamp Stamp State Stamp State S	CAL	COVER PAGE IFORNIA 460 FORM
		Statement covers period from _ 4/22/ 2019	Date of election if applicable (Month, Day, Year)	CT 24 PM	12: 57 Page	For Official Use Only
SEE INSTRUCTIONS ON REVERSE		through 10/19 /2019	11/5/2019			
I. Type of Recipient Commit	tee: All Committees –	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Contro State Candidate Election C Recall [Also Complete Part 5] General Purpose Committee Sponsored Small Contributor Committe Political Party/Central Com	ammittee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	tion)	Quarterly Sta	
3. Committee Information		I.D. NUMBER 14 20537	Treasurer(s)			
Shelby ac Black for (Street Address (NO P.O. BOX) CITY	STATE ZIP	CODE AREA CODE/PHONE	NAME OF TREASURER Policy Long Beach NAME OF ASSISTANT TREASURER, IF AN	STATE CA	ZIP CODE 9080 L	AREA CODE/PHONE
Lony Beach MAILING ADDRESS (IF DIFFERENT) NO		30 L	MAILING 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			
Executed on	ler the laws of the State off Date	of California that the foreg By	Controlling Officeholder, Candidate, State Measure Proponent	,		is true and complete. I
	Date	e	Signature of Controlling Officeholder, Candidate. State Me	easure Proponent		
Executed on	Date	Ву	Signature of Confrolling Officeholder, Candidate, State Me	easure Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460	_
Page of	

ALLOT NO. OR LETTER JURISDICTION JURISDICT		SUPPORT OPPOSE		
entify the controlling officeholder, candi				
	idate, or state measure propo	nent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
FFICE SOUGHT OR HELD	DISTRICT NO. 1F	ANY		
rimarily Formed Candidate/Offic fficeholder(s) or candidate(s) for which this	eholder Committee List committee is primerily formed	names of		
AME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE		
AME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD			
		SUPPORT OPPOSE		
AME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	1 — ·		
- t	FFICE SOUGHT OR HELD Primarily Formed Candidate/Offic	Primarily Formed Candidate/Officeholder Committee List fficeholder(s) or candidate(s) for which this committee is primarily formed. AME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period

9/22/2019

SEE INSTRUCTIONS ON REVERSE NAME OF FILER She by the Black for City Council 2019		through _	10/19/2019	Page of I.D. NUMBER I4 20537
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 111. 79 300 \$ 411. 79 150 \$ 561. 79	Column B CALENDAR YEAR TOTAL TO DATE 2 33. 44 1180 1,413.44 150 1563.44	Running in Both the General Elections	rough 6/30 7/1 to Date Salar
Expenditures Made 6. Payments Made	\$ 237.52 Ø 150	\$ 1239.17 \$ 1239.17 \$ 150 \$ 13.89.17		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$ \(\begin{align*}	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 neported in Column B.	nay be different from amounts
			FPPC Advice: adv	ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A	• A		its may be rounded	SCHE				
	Contributions Received	to	whole dollars.	Statement cov	ORNIA 460			
	·			from9/22/	2019	FOR	RM TOO	
SEE INSTRUCTIO	DNS ON REVERSE			through <u>lo/ig</u>	1/2019	Page	of	
NAME OF FILER						I.D. NUMB	ER	
She	lby me Black for City Council					1421	537	
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/1	Shelbyne Birck, Long Beach CA 90802.	□ COM □ IND	Travel Coordinator,	\$ 111. 79	\$ 233.44	1		
	long Beach (A 90802.	□OTH □PTY □SCC	The Appointment Group LLC	***				
		□ com						
		OTH PTY SCC						
		□IND □COM □OTH						
		□PTY □SCC		_				
		□IND □COM						
		OTH PTY SCC						
		☐IND ☐COM						
		□ OTH □ PTY □ SCC						
			SUBTOTAL \$	111.79				
Schedule	A Summary		<u> </u>		*Con	tributor Cod	les	
1. Amount re (Include a	eceived this period – itemized monetary contributions. II Schedule A subtotals.)		\$	111.79			it Committee an PTY or SCC)	
	eceived this period – unitemized monetary contribution						g., business entity)	
3. Total mon (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	I.)TOTAL \$	111.79			ntributor Committee	

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A (Continuation Sheet)		Amounts may		SCHEDUL				
Monetary	Contributions Received	to whole o	follars.	Statement cov	2019	FORM 460		
				through 10/19	/2019	Page_	of	
NAME OF FILER						I.D. NU		
5he 11	syrac Black for City Council 2019					14	20537	
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 T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
-		☐ IND☐ COM☐ OTH☐ PTY☐ SCC	·					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						

SUBTOTAL \$

*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	Am	ounts may be ro to whole dollar:			Statement coverage $\frac{9}{2^2}$	ers period /2619	SCHEI CALIFORN FORM	DULE B-PART
ĒĒ INSTRUCTIONS ON REVERSE					through	9/2019	Page	of
AME OF FILER							I.D. NUMBER	
Shelbyrae Black for City Cou	neil 2019						1420537	Ł
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	CLOSE CE THIS	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE
Shelburae Black	Travel Coordinator			☑ PAID	_		_	CALENDAR YEAR
Shelby rue Black Long Beach (4)	The Appointment broup LLC			s	s <u>1180</u>	₩ RATE	s 300 (\$100) (\$200)	s_[[80]
90802		s 480	\$_300	\$	DATE DUE	s	9/24 + 10/16 DATE INCURRED	
MIND COM OTH PTY SCC					DATE DUE		DATE INCORRED	CALENDAR YEAR
				☐ PAID				CALENDAR TEAR
				S	. •	RATE	*	PER ELECTION*
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				s	. s	RATE	s	\$
				FORGIVEN		WIE		PER ELECTION*
□ IND □ COM □ OTH □ PTY □ SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS S	;	\$	\$	\$		
Schedule B Summary Loans received this period				\$	\$ 300	(Enter (e) on Schedule E, Line	3)	
(Total Column (b) plus unitemized loan	•			æ	8		†Contributor Codes	
Loans paid or forgiven this period			•••••••			-	COM - Recipient C	committee

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

PTY - Political Party

300

(May be a negative number)

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		from	9/22/2019	CALIFOR FORM	FORM 460		
SEE INSTRUCTIONS ON REVERSE		<u>.</u>		through _	10/19/2019		of		
NAME OF FILER						I.D. NUMBER			
Shelbyrae Black for City Council	2019					14205	37		
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	□IND		LENDER			CALENDAR YEAR			
	СОМ					\$			
	отн		DATE			PER ELECTION (IF REQUIRED)			
	□PTY			j		(IF REQUIRED)			
	□scc	·				\$:		
	□IND		LĒNDER			CALENDAR YEAR			
	COM					\$			
	□ OTH					PER ELECTION			
	□PTY		DATE			(IF REQUIRED)			
	□scc			····		\$			
						CALENDAR YEAR			
	□IND		LENDÉR						
	СОМ					PER ELECTION			
	ОТН		DATE			(IF REQUIRED)			
	PTY								
	□scc -					\$			
			LENDER			CALENDAR YEAR			
•	□IND □COM					\$			
	□ OTH		DATE			PER ELECTION			
•	PTY					(IF REQUIRED)			
	scc					\$	-		
						Enter on	l Programme and any one of the		
			SUE	STOTAL S	s Ø	Summary Page, Line 17 only.			

SCHEDULE B - PART 2

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.						SCHEDULE C LIFORNIA 460 FORM	
SEE INSTRUCTI	ONS ON REVERSE					gh 10/19/20.		Page	of	
NAME OF FILER					-			I.D. NUME	BER	
5he1b	your Black for City Council 201	9						142	. o 53 7	
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 (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEN	LATIVE TO DATE DAR YEAR 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
9/27/2019	Allen S. Biack	☑IND □COM □OTH □PTY □SCC	Pilot, US Airforce	License Phte bracket (x2) Printed Sign	and	\$ 150	\$	50		
		□IND □COM □OTH □PTY □SCC	·							
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC								
·		□IND □COM □OTH □PTY □SCC								
Attach add	itional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	150				
Cabadul-	C Summan.									
1. Amount r	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)				\$	150	IN.	Contributor Co ID – Individua OM – Recipie	I nt Committee	
•	received this period – unitemized nonmone					Ø		TH – Öther (e	nan PTY or SCC) .g., business entity)	
3. Total non	monetary contributions received this periors as 1 and 2. Enter here and on the Summar	d.				150		TY – Political CC – Small C	Party ontributor Committee	

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be roo to whole dollars		Statement covers period from9/22/2019		CALIFORNIA 460	
SEE INSTRUCTIO	ons on reverse			through	12019	Page	of
NAME OF FILER Shelby	trac Black for City Council 2019					I.D. NUMB	537
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	s Ø			
1. Itemized o	D Summary contributions and independent expenditures made	•	ŕ	•			<u>D</u>
	ed contributions and independent expenditures made the ributions and independent expenditures made the						

Summary Supportin	D ation Sheet) of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be re to whole dolla		Statement covers period from $\frac{9/22/2019}{\text{through}}$		SCHEDULE D (CONT.) CALIFORNIA 460 FORM of of	
NAME OF FILER						I.D. NUME	SER
She lby i	rac Black for City Council 2019					1420	537
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	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					
·	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					
		<u> </u>	SUBTOTAL	\$ Ø			

Schedule E Payments Made	Amounts may b to whole do		Statement covers period from	SCHEDULE CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 10/19/2019	Page of
Shelbyrae Black for City Council 2019				1420537
CODES: If one of the following codes accurately described 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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications I appearances ses ating urvey research	RAD radio airtime and production cos RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and more services TSF transfer between committees of	on costs eals meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Shelbyree Bleck Long Beach, CA 9080Z		СМР	Stamp, Balloons	\$ 22,00
li h l)		LIT	Paper & Printing Services for flyers	\$30.82
11 k _l 14		MTG	Apple Cider (Juice)	\$ 35.98
* Payments that are contributions or independent expenditures must at	so be summarized on Sche	edule D.	SUBT	OTAL\$ 88.80
Schedule E Summary 1. Itemized payments made this period. (Include all Sche	edule E subtotals.)			\$_ 237.52

237.52

SCHEDU	11			CONT
シローロル	JL	_	_	(CUNE.

1420537

Schedule E (Continuation Sheet) Payments Made

Black for

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

2019

City Council

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

MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs CVC civic donations petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

FIND fundraising events FND independent expenditure supporting/opposing others (explain)*

POL polling and survey research
FND independent expenditure supporting/opposing others (explain)*
FND independent expenditure supporting/opposing others (explain)*
FND independent expenditure supporting/opposing others (explain)*
FND polling and survey research
FND polling and survey research
FNS transfer between committees of the same candidate/sponsor voter registration
FNS transfer between committees of the same candidate/sponsor voter registration

legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

WEB	Website hosting, domain, Act Blue + email	\$ 22.99
СМР	Campaign Checkbook, eyeglass Cleaning wipes (Campaign gineaway)	\$ 77.62
LIT	Printing of 2-sided flyers	\$ 35.26
WEB	Email voter list verification	\$12.85
	CMP	CMP Campaign Checkbook, eyeglass Cleaning wipes (Campaign givenway) LIT Printing of 2-5ided flyers Email voter list verification

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

SUBTOTAL \$

148.72

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE NAME OF FILER				/2019 7/2019	CALIFORNIA 460 FORM Page of		
Shelby rat Black for City Council Zoll? CODES: If one of the following codes accurately describ 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	es the payment, you may of MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey reservos postage, delivery and make PRO print ads	ns nces arch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra	nd production cost outions ders' salaries time and production of, lodging, and mayel, lodging, and en committees of	on costs eals meals the same candidate/sponsor		
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 PA THIS PERIO (ALSO REPORT C	D BALANCE AT CLOSE		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$		\$		\$		
1. Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Sc accrued expenses of \$100 or more, plus total unitemized 2. Not about this period. (Subtract Line 2 form Line 1.	d accrued expenses under \$ hedule F, Column (c) subtot d payments on accrued exp	6100.)als for payments on enses under \$100.).					
3. Net change this period. (Subtract Line 2 from Line 1. E on the Summary Page, Column A, Line 9.)	nter the difference here and			N	ET \$ May be a negative number		

Schedule F	Amounts may be round	led	SCHEDULE F (CONT				
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.		Statement cove	10 19 F	CALIFORNIA 460		
			through	/2019 Page	of		
NAME OF FILER				I.D. NU	JMBER		
Shelbyrae Black for City Council 2019				14	20537		
CODES: If one of the following codes accurately describe	s the payment, you may	enter the code. Oth	erwise, describe the	payment.			
CMP campaign paraphemalia/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 * Payments that are contributions or independent expenditures must	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads also be summarized on Sched	earch nessenger services egal, accounting)	TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	outions lers' salaries lime and production cos el, lodging, and meals level, lodging, and meals on committees of the sa	me candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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		

SUBTOTALS \$

\$

\$

\$

Schedule G Payments Made by an Agent or Independer Contractor (on Behalf of This Committee)		unts may be ro o whole dolla		S	tatement covers per	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE				thro	ugh 10/19/201	Page	of
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·				I.D. NUMBE	
Shelby Me Bleck for City Council 2019						14205	
NAME OF AGENT OR INDEPENDENT CONTRACTOR	,	<u></u>				1,5000	3 7
CODES: If one of the following codes accurately describe	s the payment,	you may e	nter the code. (Otherwise,	describe the pay	ment.	
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 of MTG meetings of OFC office expression petition oir PHO phone bar POL polling and	ommunications and appearance anses relating lating lating as survey reseatelivery and medelivery	s es rch essenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and proc returned contributions campaign workers' sa t.v. or cable airtime ar candidate travel, lodg staff/spouse travel, lo transfer between com voter registration	duction costs s alaries nd production costs ing, and meals	•
* Payments that are contributions or independent expenditures must also be	e summarized on So	chedule D.		7472			•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	.	CODE (OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
						·	
				<u>. </u>	· · · · · · · · · · · · · · · · · · ·		
Attach additional information on appropriately labeled continu	ation sheets.					TOTAL* \$	a

^{*} 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 F
Schedule H Loans Made to Others*			ay be rounded le dollars.		Statement cov		CALIFORN FORM	¹⁴ 460
SEE INSTRUCTIONS ON REVERSE					throughio/.	19/2019	Page	of
NAME OF FILER				<u></u>			I.D. NUMBER	
Shelbyrne Black for City Council	:1 2019						14205	37
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES: THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	s		s	\$ PER @LECTION**
		s	\$	\$	DATE DUE	s	DATE INCURRED	\$
				PAID S FORGIVEN	\$	% RATE	\$	CALENDAR YEAR S PER ELECTION***
		s	\$	s	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)	<u> </u>	
Schedule H Summary						-		
Loans made this period (Total Column (b) plus unitemized loan					\$		- [**If Required
Payments received on loans (Total Column (c) plus unitemized payr	nents of less than \$100.)			•••••	\$		_	

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$

(Enter the net here and on the Summary Page, Column A, Line 7.)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded		SCHEDULE		
		to whole dollars.	Statement covers period	CALIFORNIA 460		
			from 9/22/2019	FORM TO		
SEE INSTRUCTIONS O	IN DEVEDGE		through 10/19/2019	Page of		
NAME OF FILER	N REVERSE			1.D. NUMBER		
Shelbyrac	Black for City Council 2019			1420537		
DATE RECEIVED	FULL NAME AND ADDRESS OF SQI (IF COMMITTEE, ALSO ENTER I.D. NUMB	URCE ER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
-						
Attach addition	al information on appropriately labeled continuation	sheets.	SUBTOTA	L\$ 05		
Schedule I St	ummary eases to cash this period		e D			
	creases to cash of under \$100 this period					
	erest received this period on loans made to oth			_		
4. Total miscella	neous increases to cash this period. (Add Line	s 1, 2, and 3. Enter here and on the	<i>2</i>	 -		