Posiniant Committee				COVERPAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460 FORM
(Government Code Sections 84200-04210.3)	Statement covers period from 01/01/2018	Date of election if applicable: (Month, Day, Year)	RECEIN 2018 SEP 26	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 09/22/2018	11/06/2018	CITY	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	DEPARTME	スパ
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 5) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	□ Preelection Statement □ Semi-annual Statement □ Termination Statement (Also file a Form 410 Te □ Amendment (Explain b)	Quarte Specia Supple ermination) Supple	ivy Statement Odd-Year Report mental Preelection ent - Attach Form 495
3 Committee Information). NUMBER 1411761	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) David Patterson for City Treasurer 2018 STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Gary Crummitt MAILING ADDRESS	STATE ZIP COL	DE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	David Patterson	NEW TO ANS	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	OX	MAILING ADDRESS		
OPTIONAL: FAX / E-MAIL ADDRESS (562) 983-0817 / gary@crummittandassociates.c		OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP COL	DE AREA CODE/PHONE
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California.	this statement and to the best of my kr a that the foregoing is true and correct	nowledge the information contained he	rein and in the attached schedule	s is true and complete. I certify
Executed on	Ву	or Assistant	Treasurer	
Executed on	BySigns_net/rc	onitroning Officeholder, Candiddia, State (Sasure) re	Officer of Sponsor	WATER TO THE PARTY OF THE PARTY
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	itate Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	FPPC Form 460 (Jan/2016

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page2 of6

Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
David Patterson			BALLOT NO. OR LETTER	JURISDICTI	ONI	T_	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JUNISDICT	014		SUPPORT
Treasurer: City of Hawthorne							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	CITY STATE ZIP		identify the controlling of	fficeholder, ca	ndidate, or state	e measure p	proponent, if any
	manusias audi Periodo escular		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your care	or are primarily formed to receive		OFFICE SOUGHT OR HELD		Di	ISTRICT NO. II	F ANY
COMMITTEE NAME David Patterson for Treasurer 2013	I.D. NUMBER 1359739						
NAME OF TREASURER Gary Crummitt	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	JOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
COMMITTEE NAME David Patterson for City Council 2015	I.D. NUMBER 1378890		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	-TT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER Gary Crummitt	CONTROLLED COMMITTEE? ☑ YES ☐ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)						<u></u>
CITY STATE ZIP O	CODE AREA CODE/PHONE		Att	ach continuati	on sheets if ne	cessary	

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Campaign Disclosure Statement S

SUMMARY PAGE

Summary Page	Amounts may be rounded to whole dollars.	Stat	ement covers period	CALIFORNIA 460
		from _	01/01/2018	FORM TOO
		through	n <u>09/22/2018</u>	Page3 of6
SEE INSTRUCTIONS ON REVERSE				I.D. NUMBER
NAME OF FILER				I.D. NUMBER
David Patterson for City Treasurer 2018				1411761
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates he State Primary and

Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$ 900.00	\$	900.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	2,600.00		2,600.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 3,500.00	\$	3,500.00	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	. 0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		\$	3,500.00	21. Expenditures Made \$\$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4		\$		Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$ 2,477.00	\$	2,477.00	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3			0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3			0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 2,477.00	\$	2,477.00	\$
Current Cash Statement				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	3,500.00		nounts in Column A to the rresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last port. Some amounts in	reported in Column B.
15. Cash Payments Column A, Line 8 above	2,477.00	Co	lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,023.00		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.		ре	riod amounts. If this is first report being filed	,
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	ca	this calendar year, only my over the amounts	
Cash Equivalents and Outstanding Debts	 0.00		m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2,600.00			FPPC Form 460 (Jan/2010
		•		FPPC Advice: advice@fnnc.ca.gov (866/275-377)

016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A			ts may be rounded	Statement cove	ers period	SCHEDULE A	
Monetary	Contributions Received	to	whole dollars.	from01/01/2018		CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through _09/22/26		Page 4 of 6	
NAME OF FILER						.D. NUMBER 1411761	
David Patte	erson for City Treasurer 2018			T			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR - (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	TO DATE (IF REQUIRED)	
09/19/2018	Ronnie S. Cooper	⊠IND □COM □OTH □PTY □SCC	Real Estate Broker RS Cooper & Associates	200.00		0.00	
09/19/2018	Express Medical Clinic, Inc.	☐!ND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250	0.00	
09/21/2018	Lamar Kojani	⊠IND □COM □OTH □PTY □SCC	Realtor KW Commerical	200.00	200	0.00	
09/21/2018	Lenville H. Tucker	⊠IND □COM □OTH □PTY □SCC	Certified Public Accountant Lenville Tucker	100.00	100	0.00	
09/21/2018	We Loan Money Inc.	□IND □COM 図OTH □PTY □SCC		150.00	150	0.00	
			SUBTOTAL	\$ 900.00			
Amount re (include a	A Summary eceived this period – itemized monetary contributions. all Schedule A subtotals.)			900.00	IND-In COM-I	outor Codes idividual Recipient Committee (other than PTY or SCC) Other (e.g., business entity)	
2. Amount re	eceived this period – unitemized monetary contributions	s of less than :	\$100 \$	0.00		Political Party	

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900.00

SCC-Small Contributor Committee

3. Total monetary contributions received this period.

SCHEDULE B - PART 1 Schedule B - Part 1 Statement covers period Amounts may be rounded **CALIFORNIA** to whole dollars. **Loans Received FORM** 01/01/2018 09/22/2018 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1411761 David Patterson for City Treasurer 2018 (d) OUTSTANDING (b) AMOUNT (a) OUTSTANDING IF AN INDIVIDUAL, ENTER CUMULATIVE INTEREST **ORIGINAL** FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT PAID BALANCE AT CLOSE OF THIS OCCUPATION AND EMPLOYER BALANCE CONTRIBUTIONS RECEIVED THIS PAID THIS AMOUNT OF OF LENDER OR FORGIVEN (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) **BEGINNING THIS** TO DATE PERIOD PERIOD LOAN (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD PERIOD PERIOD CALENDAR YEAR City Treasurer ☐ PAID L. David Patterson City of Hawthorne 2,600.00 \$ 2,600.00 s_2,600.00 0.00 % 0.00 RATE FORGIVEN PER ELECTION** 0.00 2,600.00 0.00 12/31/2019 0.00 09/21/2018 DATE DUE DATE INCURRED COM OTH PTY SCC CALENDAR YEAR | PAID RATE PER ELECTION ** FORGIVEN DATE INCURRED DATEDUE TO IND COM OTH PTY SCC CALENDAR YEAR ☐ PAID RATE PER ELECTION** FORGIVEN DATE DUE DATE INCURRED TO IND COM OTH PTY SCC 0.00\$ 2,600.00\$ 0.00 SUBTOTALS \$ 2,600.00\$ (Enter (e) on Schedule E. Line 3) Schedule B Summary 1. Loans received this period\$ 2,600.00 †Contributor Codes (Total Column (b) plus unitemized loans of less than \$100.) IND-Individual 0.00 2. Loans paid or forgiven this period\$ COM - Recipient Committee (other than PTY or SCC) (Total Column (c) plus loans under \$100 paid or forgiven.) OTH - Other (e.g., business entity) (Include loans paid by a third party that are also itemized on Schedule A.) PTY - Political Party SCC - Small Contributor Committee 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 2,600.0

*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.

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Schedule E Payments Made	Amounte may be counded						SCHEDULE E LIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE				from	gh 09/22/2018	Page		
NAME OF FILER	1170					I.D. NUM	BER	
David Patterson for City Treasurer 2018						141176	1	
CODES: If one of the following codes accurately described campaign paraphemalia/mlsc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearant nses llating s survey rese livery and m	ces	RAD TRED TELL TRC COTTES STAFF TO TAKE TO TAKE THE TRC COTTES STAFF TO TAKE THE TRC TRS	scribe the payment. adio airtime and productive turned contributions campaign workers' salarictor or cable airtime and productive or cable airtime and proposed travel, lodging, staff/spouse travel, lodging transfer between committed to the registration of technology contracts.	es roduction costs and meals g, and meals ees of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID	
COPS Voter Guide #599014		LIT	Slate Mailer				1,127.00	
Voter Guide Slate Cards #1319578	, , , , , , , , , , , , , , , , , , ,	LIT	Slate Mailer				1,350.00	
* Payments that are contributions or independent expenditures	must also be summ	narized on	Schedule D.			SUBTOTAL\$	2,477.00	
Schodule E Summany								
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	F subtotals \					\$	2,477.00	
Unitemized payments made this period of under \$100								
Total interest paid this period on loans. (Enter amount from								

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

2,477.00

Recipient Committee Campaign Statement Cover Page	URIGINAL		Date Stamp	CALIFORNIA 460-
(Government Code Sections 84200-84216.5)	Statement covers period from 09/23/2018	Date of election if applicable: (Month, Day, Year)	RECEIVED 2018 OCT 29 P 3	
SEE INSTRUCTIONS ON REVERSE	through10/20/2018		CITY	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) Controlled) Sponsored uso Complete Part 6) rimarily Formed Candidate/ officeholder Committee uso Complete Part 7)	2. Type of Statement: X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	Speci Supp ermination) State	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) David Patterson for City Treasurer 2018 STREET ADDRESS (NO P.O. BOX)	411761	Treasurer(s) NAME OF TREASURER Gary Crummitt MAILING ADDRESS	STATE ZIP C	ODE AREA CODE/PHONE
CITY STATE ZIP CO MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BI	Section of the sectio	NAME OF ASSISTANT TREASUR David Patterson MAILING ADDRESS	RER, IF ANY	
CTTY STATE ZIP CO CA 9080. OPTIONAL: FAX / E-MAIL ADDRESS	'	CENTRAL FAX / E-MAIL ADDR	STATE ZIP C	ODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct.	contained her co	reasurer	ales is true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Signature	tate Measure Proponent	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

Page 2 of 9

Officeholder or	Candidate Controlled (Committee	•	6.	Primarily Formed Ba	allot Measure	Committee		
NAME OF OFFICEHO	LDER OR CANDIDATE				NAME OF BALLOT MEASURE				
David Patterson OFFICE SOUGHT OR Treasurer: City	HELD (INCLUDE LOCATION AND	DISTRICT NUMBE	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
RESIDENTIAL/BUSINE	ESS ADDRESS (NO. AND STREE	T) CITY	STATE ZIP		Identify the controlling	officeholder, c	andidate, or sta	, te measure p	proponent, if any
			,		NAME OF OFFICEHOLDER,	CANDIDATE, OR P	PROPONENT		
not included in this	ittees Not Included in the statement that are controlled a like expenditures on behalf of y	by you or are prid	: List any committees narily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEENAME David Patterson	n for Treasurer 2013	I.D. NUN 1359							
NAME OF TREASURE	R	CONTRO	DLLED COMMITTEE?	7.	Primarily Formed C	te(s) for which ti	his committee is p	primarily form	st names of ed.
COMMITTEE ADDRES	S STREET ADDRESS (N	O P.O. BOX)			NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY	STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER	DR CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEENAME David Patterson	n for City Council 2015	1.D. NUM 1378			NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURE	R	CONTRO	DILED COMMITTEE?		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRES	S STREET ADDRESS (N	O P.O. BOX) ZIP CODE	AREA CODE/PHONE	7		ttach continua	tion sheets if n	ecessary	



Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA FORM
 4-60

 from _____09/23/2018
 Page __3 ___of __9___

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE				through .				
NAME OF FILER						I.D. NUMBER		
David Patterson for City Treasurer 2018						1411761		
Contributions Received		COLUMN A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions	\$	1,900.00 4,380.00 0.00	\$	3,380.00 4,500.00 7,880.00 0.00 7,880.00	20. Contributions Received \$	\$\$		
Expenditures Made 6. Payments Made	\$	3,619.78 1,067.50 0.00	\$	0.00 6,096.78 1,067.50 0.00		re Expenditures Made* Voluntary Expenditure Limit) Total to Date		
Current Cash Statement 12. Beginning Cash Balance	\$	1,023.00 4,380.00 0.00 3,619.78	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 reported in Column B.	\$nay be different from amounts		
16. ENDING CASH BALANCE	\$	0.00						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	5,567.50				FPPC Form 460 (Jan/20		

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Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period	CALIFORNIA 460
from 09/23/2018	FORMOU
through10/20/2018	Page4 of9
	I.D. NUMBER

1411761 David Patterson for City Treasurer 2018 PER ELECTION AMOUNT **CUMULATIVE TO DATE** IF AN INDIVIDUAL, ENTER' FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR TO DATE RECEIVED THIS CALENDAR YEAR DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE * PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME RECEIVED OF BUSINESS) 100.00 100.00 Alcan Medical Orthotics 10/08/2018 СОМ X OTH PTY □scc 100.00 100.00 Consultant XIND 10/15/2018 Dennis C. Banks Dennis Banks ПСОМ □отн □ PTY SCC 100.00 100.00 Social Worker 10/16/2018 Lorraine Enriquez |X|IND County of Los Angeles ПСОМ □ OTH □ PTY □scc 200.00 200.00 10/16/2018 Gator Investments LLC ПСОМ **IXIOTH** ٠. □ PTY □scc 500.00 500.00 10/17/2018 KIG Properties LLC □IND ПСОМ X OTH ☐ PTY □scc 1,000.00 SUBTOTAL\$ *Contributor Codes Schedule A Summary IND-Individual 1. Amount received this period – itemized monetary contributions. COM - Recipient Committee (Include all Schedule A subtotals.) 2,250.00 (other than PTY or SCC) OTH - Other (e.g., business entity) 230.00 2. Amount received this period - uniternized monetary contributions of less than \$100\$ PTY - Political Party SCC-Small Contributor Committee

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2,480.00

3. Total monetary contributions received this period.

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary	ontributions Received Amounts may be rounded to whole dollars.			from 09/23/	2018	CALIFORNIA 460		
	·			through 10/20/	2018	Page5 of9		
NAME OF FILER						I.D. NUMBER		
David Patter	son for City Treasurer 2018	,				1411761		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DEC. :	AR TO DATE 31) (IF REQUIRED)		
10/05/2018	Reyes English Hawthorne Council 2018 (ID# 1320290)	☐IND 図COM ☐OTH ☐PTY ☐SCC		500.00		0.00		
10/15/2018	South Bay Ford	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	25	0.00		
10/17/2018	VMorales Services Inc.	□IND □COM 図OTH □PTY □SCC		500.00	50	0.00		
	·	□IND □COM □OTH □PTY □SCC		·				
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL\$	1,250.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY-Political Party

SCC - Small Contributor Committee

SCHEDULE B - PART 1

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Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement cov	rers period	SCHEDULEB-PART1	
	from				from09/2	3/2018	FORM	700
SEE INSTRUCTIONS ON REVERSE					through 10/2	0/2018	Page 6	of 9
NAME OF FILER							I.D. NUMBER	
David Patterson for City Treasurer 20	18						1411761	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
L. David Patterson	City Treasurer City of Hawthorne	10.00		PAID \$ 0.0 FORGIVEN		0.00 % RATE	\$ 2,600.00	CALENDAR YEAR \$ 4,500.00 PER ELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_2,600.00	\$ 0.00	\$ 0.0	0 12/31/2019 DATE DUE	s0.00	09/21/2018 DATE INCURRED	\$
L. David Patterson	City Treasurer City of Hawthorne			PAID \$ 0.0	*	0.00 % RATE	\$ 900.00	\$ 4,500.00 PER ELECTION**
TIND □ COM □ OTH T□ PTY □ SCC		\$0_0	s900.00	\$0.0	DATE DUE	\$0.00	09/28/2018 DATE INCURRED	\$
L. David Patterson	City Treasurer City of Hawthorne			PAID \$ 0.00 FORGIVEN	\$ 1,000.00	0.00 % RATE	\$ 1,000.00	\$ 4,500.00 PER ELECTION**
TIND □ COM □ OTH □ PTY □ SCC	1	\$	\$	\$ 0.00	12/31/2019 DATEDUE	\$0.00	10/08/2018 DATE INCURRED	\$
		SUBTOTALS \$	1,900.00	0.0	00\$ 4,500.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Une 3)		
Loans received this period (Total Column (b) plus uniternized loan.	s of less than \$100.)	***************************************	•••••	<i></i> \$	1,900.00	(†c	ontributor Codes	
2. Loans paid or forgiven this period						PTY or SCC) business entity)		
 Net change this period. (Subtract Line Enter the net here and on the Summar 	2 from Line 1.)y Page, Column A, Line 2.	•••••••••••••••••••••••••••••••••••••••		NET \$	1,900.00 May be a negative number)		C - Small Contrib	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.						FPPC Fo	orm 460 (Jan/2016
					F	PPC Advice: a		gov (866/275-3772

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FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule E						SCHE	
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.				09/23/2018	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	10/20/2018	Page 8	of <u>9</u>
David Patterson for City Treasurer 2018					•	I.D. NUMBER 1411761	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fnD fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member commeetings and office exper petition circu. PHO phone banks POL polling and spostage, del	nmunications of appearance nses stating s survey resear	es	RAD radio : RFD return SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe	ribe the payment. airtime and production ed contributions aign workers' salaries cable airtime and production late travel, lodging, and pouse travel, lodging, or between committees registration ation technology costs	luction costs I meals and meals s of the same can	ndidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PA	YMENT	АМ	OUNT PAID
Californía Voter Guide #595004		LIT	Slate Mailer				150.00
Crummitt & Associates		PRO					770.00
Election Digest #1345303		LIT	Slate Mailer				647.00
J.S. Postal Service		POS					299.04

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

SUBTOTAL \$ 2,291.04

Voter files/video

425.00

<u>VoterlistPro</u>

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cov from09/23/ through10/20/	72018 F	FORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NU	
David Patterson for City Treasurer 2018				1411	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	es the payment, you may MBR member communicatio. MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of	ns inces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate tav TRS staff/spouse tr TSF transfer betwe VOT voter registrati	the payment. Independent of the payment of the payment. Independent of the payment of the payment of the payment of the payment.	ts me candidate/sponsor
NAMÉ 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
Alternative Source L.A.	CMP	0.00	547.50	0.00	547.5
Crummitt & Associates	PRO	0.00	520.00	0.00	520.0
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS \$	0.00\$	1,067.50\$	0.00\$	1,067.50
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all So accrued expenses of \$100 or more, plus total unitemized a			INCU	RRED TOTALS \$ _	1,067.50
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized p				.PAID TOTALS \$	0.00
Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)				NET \$	1,067.50 ay be a negative number

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