

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

CALIFORNIA FORM **460**

Date Stamp

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CITY CLERK DEPARTMENT

Page 1 of 20

For Official Use Only

Statement covers period
from 09/20/2020
through 10/17/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement: DEPARTMENT

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1422740

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
PATTERSON FOR CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)
111 N. La Brea Ave., Suite 408

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>90301</u>	<u>(310) 817-6679</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
111 N. La Brea Ave., Suite 408

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>90301</u>	

OPTIONAL: FAX / E-MAIL ADDRESS
(310) 672-6679 / cine@politicalreportingplus.com

Treasurer(s)

NAME OF TREASURER
Cine D. Ivery

MAILING ADDRESS
111 N. La Brea Ave., Suite 408

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>90301</u>	<u>(310) 817-6679</u>

NAME OF ASSISTANT TREASURER, IF ANY
Michelle Moore Sanders

MAILING ADDRESS
111 N. La Brea Ave., Suite 408

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>90301</u>	<u>(310) 817-6679</u>

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 10/21/2020
Date

Executed on 10/21/2020
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

L. David Patterson

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

City Council Member City of Hawthorne

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

111 N. La Brea Ave., Suite 408 Inglewood CA 90301

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 DAVID PATTERSON FOR CITY TREASURER 2018	I.D. NUMBER 1411761
---	------------------------

NAME OF TREASURER Gary Crummitt	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------	--

COMMITTEE ADDRESS 249 E Ocean Blvd #670	STREET ADDRESS (NO P.O. BOX)		
CITY Long Beach	STATE CA	ZIP CODE 90802	AREA CODE/PHONE (562) 983-0815

COMMITTEE NAME DAVID PATTERSON FOR CITY TREASURER 2013	I.D. NUMBER 1359739
---	------------------------

NAME OF TREASURER Gary Crummitt	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------	--

COMMITTEE ADDRESS 249 E Ocean Blvd #670	STREET ADDRESS (NO P.O. BOX)		
CITY Long Beach	STATE CA	ZIP CODE 90802	AREA CODE/PHONE (562) 983-0815

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Recipient Committee
Campaign Statement
Part 5b. Related Committees Not Included in this Statement (continued)**

COMMITTEE NAME/I.D. NUMBER

DAVID PATTERSON FOR CITY COUNCIL 2015 ID# 1378890

NAME OF TREASURER

Gary Crummitt

CONTROLLED COMMITTEE?

YES

COMMITTEE ADDRESS

249 E Ocean Blvd #670

STREET ADDRESS (NO P.O. BOX)

CITY

Long Beach

STATE

CA

ZIP CODE

90802

AREA CODE/PHONE

562-983-0815

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 4 of 20
NAME OF FILER		I.D. NUMBER
PATTERSON FOR CITY COUNCIL 2020		1422740

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATTERSON FOR CITY COUNCIL 2020

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 9,476.63	\$ 18,464.63
2. Loans Received	Schedule B, Line 3	2,500.00	10,100.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 11,976.63	\$ 28,564.63
4. Nonmonetary Contributions	Schedule C, Line 3	15,185.00	15,185.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 27,161.63	\$ 43,749.63

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ 14,694.57	\$ 28,419.54
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 14,694.57	\$ 28,419.54
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	4,561.32	5,761.32
10. Nonmonetary Adjustment	Schedule C, Line 3	15,185.00	15,185.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 34,440.89	\$ 49,365.86

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 2,849.71
13. Cash Receipts	Column A, Line 3 above	11,976.63
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	14,694.57
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 131.77

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 15,861.32

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**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 5 of 20
NAME OF FILER		I.D. NUMBER
PATTERSON FOR CITY COUNCIL 2020		1422740

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/23/2020	Shoni Davenport 28271 Lookout Pointe Ln Sun City, CA 92585	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Madam Millionaire Inc.	500.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	500.00	
09/23/2020	Dawn Green 11114 Hulme Ave Lynwood, CA 90262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Lynwood Unified School District	103.94 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	103.94	
09/23/2020	Rhonnie Harris 500 Winchester Dr Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hairstylist Self Employed - No Separate Business Name	100.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	100.00	
09/24/2020	Active Security Solutions 13335 Hawthorne Blvd Hawthorne, CA 90250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
09/24/2020	Vaughn Owens 330 S Vecino Ave Corona, CA 92877	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Onyx Utility	150.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	250.00	

SUBTOTAL \$ 1,153.94

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 9,424.51
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 52.12
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 9,476.63

*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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 6 of 20
NAME OF FILER		I.D. NUMBER
PATTERSON FOR CITY COUNCIL 2020		1422740

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/25/2020	Tina McKinnor 12707 Freeman Ave Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Election Consultant Olivia Valentine for City Council	100.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	100.00	
09/26/2020	Monica Cooper 19526 Eddington Dr Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Treasurer City of Carson	100.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	100.00	
09/29/2020	Ambassador Brown PAC (ID# 1422600) 111 N. La Brea Ave., Suite 408 Inglewood, CA 90301	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	3,900.00	
09/30/2020	Hayser Barrera 3517 Reeder Ave Bakersfield, CA 93309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tax Consultant Self Employed - No Separate Business Name	466.63 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	466.63	
09/30/2020	Logos Faith Development, LLC(Martin Porter Sr.) 6060 Center Dr 10th Floor Los Angeles, CA 90045	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
SUBTOTAL \$				7,666.63		

*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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 7 of 20

NAME OF FILER PATTERSON FOR CITY COUNCIL 2020	I.D. NUMBER 1422740
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2020	South Bay Ford 5100 W. Rosecrans Ave Hawthorne, CA 90250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
10/01/2020	Myrtle Owens 331 W Girard Ave Philadelphia, PA 19123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	103.94 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	207.88	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				603.94		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 8 of 20

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATTERSON FOR CITY COUNCIL 2020

I.D. NUMBER

1422740

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
L. David Patterson 4059 W 142nd St #F Hawthorne, CA 90250 Received through intermediary: eFundraising Connections, 2831 G Street #120, Sacramento, CA 95816	Real Estate Broker Self-Employed - No Separate Business Name	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 11/12/2020 DATE DUE	0.00 % RATE \$ 0.00	\$ 100.00 11/12/2019 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
L. David Patterson 4059 W 142nd St #F Hawthorne, CA 90250	Real Estate Broker Self-Employed - No Separate Business Name	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 06/25/2021 DATE DUE	0.00 % RATE \$ 0.00	\$ 1,000.00 06/25/2020 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
L. David Patterson 4059 W 142nd St #F Hawthorne, CA 90250	Real Estate Broker Self-Employed - No Separate Business Name	\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00 06/30/2021 DATE DUE	0.00 % RATE \$ 0.00	\$ 3,000.00 06/30/2020 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		0.00 \$	0.00 \$	0.00 \$	4,100.00 \$	0.00		

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

Schedule B Summary

- Loans received this period \$ 2,500.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 2,500.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1 (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 9 of 20
I.D. NUMBER		1422740

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATTERSON FOR CITY COUNCIL 2020

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
L. David Patterson 4059 W 142nd St #F Hawthorne, CA 90250	Real Estate Broker Self-Employed - No Separate Business Name			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00	0.00 % RATE	\$ 2,000.00	CALENDAR YEAR \$ 10,000.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 2,000.00	\$ 0.00	\$ 0.00	07/22/2021 DATE DUE	\$ 0.00	07/22/2020 DATE INCURRED	\$
L. David Patterson 4059 W 142nd St #F Hawthorne, CA 90250	Real Estate Broker Self-Employed - No Separate Business Name			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,500.00	0.00 % RATE	\$ 1,500.00	CALENDAR YEAR \$ 10,000.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,500.00	\$ 0.00	\$ 0.00	07/31/2021 DATE DUE	\$ 0.00	07/31/2020 DATE INCURRED	\$
L. David Patterson 4059 W 142nd St #F Hawthorne, CA 90250	Real Estate Broker Self-Employed - No Separate Business Name			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,500.00	0.00 % RATE	\$ 1,500.00	CALENDAR YEAR \$ 10,000.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 1,500.00	\$ 0.00	10/09/2021 DATE DUE	\$ 0.00	10/09/2020 DATE INCURRED	\$
L. David Patterson 4059 W 142nd St #F Hawthorne, CA 90250	Real Estate Broker Self-Employed - No Separate Business Name			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00	0.00 % RATE	\$ 1,000.00	CALENDAR YEAR \$ 10,000.00 PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 1,000.00	\$ 0.00	10/15/2021 DATE DUE	\$ 0.00	10/15/2020 DATE INCURRED	\$
SUBTOTALS \$			2,500.00 \$	0.00 \$	6,000.00 \$	0.00		

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

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 10 of 20
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER 1422740

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATERSON FOR CITY COUNCIL 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2020	Advanced Air, LLC(Ron Ober) 12101 Crenshaw Blvd #100 Hawthorne, CA 90250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Slate Mailer	2,000.00	13,285.00	
10/06/2020	Advanced Air, LLC(Ron Ober) 12101 Crenshaw Blvd #100 Hawthorne, CA 90250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Campaign Mailer	8,110.00	13,285.00	
10/06/2020	Advanced Air, LLC(Ron Ober) 12101 Crenshaw Blvd #100 Hawthorne, CA 90250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Polling	3,175.00	13,285.00	
10/15/2020	Ambassador Brown PAC (ID# 1422600) 111 N. La Brea Ave., Suite 408 Inglewood, CA 90301	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Campaign Mailer	1,900.00	3,900.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 15,185.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 15,185.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 15,185.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>11</u> of <u>20</u>
NAME OF FILER		I.D. NUMBER
PATTERSON FOR CITY COUNCIL 2020		1422740

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATTERSON FOR CITY COUNCIL 2020

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America 100 North Tryon Street Charlotte, NC 28255	CMP		Campaign Expenses	2,227.43
COPS Voter Guide 705-2 E Bidwell St #370 Folsom, CA 95630	LIT		Voter Guide	570.00
B Printing 1247 S La Brea Ave #269 Inglewood, CA 90301	LIT		Banner	160.00

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

SUBTOTAL \$ 2,957.43

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	14,689.96
2. Unitemized payments made this period of under \$100	\$	4.61
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	14,694.57

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
Page <u>12</u> of <u>20</u>	I.D. NUMBER <u>1422740</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATTERSON FOR CITY COUNCIL 2020

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
B Printing 1247 S La Brea Ave #269 Inglewood, CA 90301	LIT		Banner	160.00
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	31.09
B Printing 1247 S La Brea Ave #269 Inglewood, CA 90301	LIT		Banner	320.00
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	24.23
Basil Kimbrew 12660 Triple Tree Terrace Victorville, CA 92392	CMP		Social Media Advertising	300.00

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

SUBTOTAL \$ 835.32

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 13 of 20
NAME OF FILER		I.D. NUMBER
PATTERSON FOR CITY COUNCIL 2020		1422740

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chase Card Services 270 Park Ave New York, NY 10017	CMP		Robo Calls	202.68
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	3.94
Premiere Political Communications 4805 Woodview Ave Austin, TX 78756	CMP		Robo Calls	202.68
B Printing 1247 S La Brea Ave #269 Inglewood, CA 90301	LIT		Banners	320.00
Bank of America 100 North Tryon Street Charlotte, NC 28255	CMP		Campaign Expenses	2,000.00

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

SUBTOTAL \$ 2,729.30

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 14 of 20
NAME OF FILER		I.D. NUMBER
PATERSON FOR CITY COUNCIL 2020		1422740

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATERSON FOR CITY COUNCIL 2020

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Alternative Source LA 2322 S Atlantic Blvd Monterey Park, CA 91754	LIT		Mailer	1,300.00
Kai Wanzer 4505 California Ave #211 Long Beach, CA 90807	PRO		Administrative Services	500.00
Mailing Pros Inc 5261 Business Dr Huntington Beach, CA 92649	LIT		Campaign Mailer	3,803.29
Citizens for Waters (ID# C00167585) 249 E Ocean Blvd #685 Long Beach, CA 90802	CMP		Slate Mailer	1,500.00
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	2.12

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

SUBTOTAL \$ 7,105.41

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/20/2020
through 10/17/2020

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

PATTERSON FOR CITY COUNCIL 2020

1422740

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Reporting Plus 111 N. La Brea Ave., Suite 408 Inglewood, CA 90301	PRO		Political Accounting - September, 2020	562.50
Kai Wanzer 4505 California Ave #211 Long Beach, CA 90807	PRO		Administrative Services	500.00

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

SUBTOTAL \$ 1,062.50

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 16 of 20
NAME OF FILER		I.D. NUMBER
PATTERSON FOR CITY COUNCIL 2020		1422740

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATTERSON FOR CITY COUNCIL 2020

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
L. David Patterson 4059 W 142nd St #F Hawthorne, CA 90250 City of Hawthorne	FIL Reimbursement for Candidate Ballot Statement Fee	1,200.00	0.00	0.00	1,200.00
Discover Card P.O. Box 29013 Phoenix, AZ 85038-9013	CMP Campaign Expenses	0.00	1,223.68	0.00	1,223.68
Navy Federal P.O. Box 3500 Merrifield, VA 22119-3500	CMP Campaign Expenses	0.00	3,337.64	0.00	3,337.64
SUBTOTALS \$		1,200.00\$	4,561.32\$	0.00\$	5,761.32

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 4,561.32
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 4,561.32
May be a negative number

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

SCHEDULE G

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 17 of 20
NAME OF FILER		I.D. NUMBER
PATTERSON FOR CITY COUNCIL 2020		1422740
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Bank of America		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATTERSON FOR CITY COUNCIL 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bank of America

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BLIP 1371 W 1250 S Orem, UT 84058	CMP		Digital Billboard Advertisement	350.22
Facebook, Inc. 1 Hacker Way Sacramento, CA 94205	WEB		Digital Advertisement Expense	726.36
Facebook, Inc. 1 Hacker Way Sacramento, CA 94205	WEB		Digital Advertisement Expense	900.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,976.58

* 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 G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 18 of 20
NAME OF FILER		I.D. NUMBER
PATTERSON FOR CITY COUNCIL 2020		1422740
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Chase Card Services		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATTERSON FOR CITY COUNCIL 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chase Card Services

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Premiere Political Communications 4805 Woodview Ave Austin, TX 78756	CMP		Robo Calls - Inv#577-2020	202.68

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 202.68

* 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 G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period
 from 09/20/2020
 through 10/17/2020

SCHEDULE G

CALIFORNIA FORM 460

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I.D. NUMBER
 1422740

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATTERSON FOR CITY COUNCIL 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Discover Card

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Manual Dial Company 1527 S Cooper St Arlington, TX 76010	CMP		Live Campaign Calls	1,021.00
Premiere Political Coomunications 4805 Woodview Ave Austin, TX 78756	CMP		Robo Calls	202.68

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,223.68

* 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 G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

SCHEDULE G

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 20 of 20
NAME OF FILER		I.D. NUMBER
PATTERSON FOR CITY COUNCIL 2020		1422740
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Navy Federal		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PATTERSON FOR CITY COUNCIL 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Navy Federal

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Manual Dial Company 1527 S Cooper St Arlington, TX 76010	CMP		Text Messages Service	812.40
US Postal Service 12700 Inglewood Hawthorne, CA 90250-9998	POS		Postage	936.86
US Postal Service 12700 Inglewood Hawthorne, CA 90250-9998	POS		Postage	954.62
Political Data Inc. 12501 Imperial Highway #200 Norwalk, CA 90650	CMP		Voter Data File	633.76

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 3,337.64

* 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.