

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

CITIZENS FOR WATERS

ADDRESS (number and street)

249 E Ocean Blvd # 685

Check if different than previously reported. (ACC)

Long Beach

CA

90802

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00167585

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

CA

43

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11 /

08 /

2016

in the State of

CA

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

/

/

/

in the State of

5. Covering Period

10 /

01 /

2016

through

10 /

19 /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

GOULD, DAVID, , ,

Type or Print Name of Treasurer

GOULD, DAVID, , ,

Signature of Treasurer

[Electronically Filed]

Date

12 /

08 /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**CITIZENS FOR WATERS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	17392.61	642644.18
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1125.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17392.61	641519.18
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	41971.66	673501.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41971.66	673501.58
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	425142.93	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	25000.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	74165.15	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**CITIZENS FOR WATERS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	300.00	0.00
(ii) Unitemized.....	92.61	0.00
(iii) TOTAL of contributions from individuals ▶	392.61	140644.18
(b) Political Party Committees.....	0.00	10000.00
(c) Other Political Committees (such as PACs).....	17000.00	492000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17392.61	642644.18
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	145000.00	254070.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	162392.61	896714.18

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 24

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41971.66	673501.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	125.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1125.00
21. OTHER DISBURSEMENTS .....	0.00	159700.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	41971.66	834326.58

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	305371.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	162392.61
25. SUBTOTAL (add Line 23 and Line 24).....	467764.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41971.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	425142.93

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 24	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Dear, Donald Lee, , ,**

Mailing Address 15433 Catalina Ave.

City Gardena	State CA	Zip Code 90247
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FEC ID number of contributing federal political committee. **C**

Name of Employer Water Replenishment Board	Occupation Board Member
---	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

**Transaction ID : 11AI-10025**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mcdonald, William, , ,**

Mailing Address 1361 Granada Ave

City Long Beach	State CA	Zip Code 90804
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed	Occupation Not employed
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2016

**Transaction ID : 11AI-10009-I**

Amount of Each Receipt this Period  
25.00

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
53645.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2016

**Transaction ID : 11AI-10009-I-MEMO**

Amount of Each Receipt this Period  
25.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 6 OF 24	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Washington, Jeannie, , ,**

Mailing Address 11919 COVELLO ST

City North Hollywood	State CA	Zip Code 91605
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FEC ID number of contributing federal political committee. **C**

Name of Employer not employed	Occupation Not employed
----------------------------------	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2016

**Transaction ID : 11AI-10008-I**

Amount of Each Receipt this Period  
25.00

Memo Item

Earmarked through ACTBLUE. Date received by conduit in memo record below.

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
53645.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

**Transaction ID : 11AI-10008-I-MEMO**

Amount of Each Receipt this Period  
25.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	25.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 24	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**American Federation of State, County & Municipal Employees**

Mailing Address 1625 L Street

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer	Occupation
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

**Transaction ID : 11C-10031**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Best Buy Employee Political Forum PAC**

Mailing Address 7601 Penn Ave S

City Minneapolis	State MN	Zip Code 55423
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FEC ID number of contributing federal political committee. **C** C00405076

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : 11C-10023**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Blackrock Capital Management Inc. Political Action Committee (Blackrock PAC)**

Mailing Address 40 East 52nd Street

City New York	State NY	Zip Code 10022
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FEC ID number of contributing federal political committee. **C** C00479246

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : 11C-10024**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	9500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 24	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Ernst & Young Political Action Committee**

Mailing Address 1101 New York Avenue, NW

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer	Occupation
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

**Transaction ID : 11C-10028**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**UAW V CAP**

Mailing Address 8000 E Jefferson

City Detroit	State MI	Zip Code 48212
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FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer	Occupation
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

**Transaction ID : 11C-10032**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17000.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Californians for Lower Drug Prices**

Mailing Address 6255 W Sunset Blvd 21st Floor

City Los Angeles	State CA	Zip Code 90028
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2016

**Transaction ID : 15-6741-O**

Amount of Each Receipt this Period  
 20000.00

Memo Item  
 Slate Mailer Payment

**B.** Full Name (Last, First, Middle Initial)  
**Democratic State Central Committee of California FFA**

Mailing Address 1830 9th St

City Sacramento	State CA	Zip Code 95811
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 35000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2016

**Transaction ID : 15-6742-O**

Amount of Each Receipt this Period  
 35000.00

Memo Item  
 Slate Mailer Payment

**C.** Full Name (Last, First, Middle Initial)  
**For Adult Industry Responsibility Committee**

Mailing Address 6255 W Sunset Blvd 21st Floor

City Los Angeles	State CA	Zip Code 90028
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2016

**Transaction ID : 15-6740-O**

Amount of Each Receipt this Period  
 20000.00

Memo Item  
 Slate Mailer Payment

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	75000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Hall for Congress 2016**

Mailing Address 249 E Ocean Blvd Ste 685

City Long Beach	State CA	Zip Code 90802
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FEC ID number of contributing federal political committee. **C** C00497859

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 27500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2016

**Transaction ID : 15-6778-O**

Amount of Each Receipt this Period  
 7500.00

Memo Item  
 Slate Mailer Payment

**B.** Full Name (Last, First, Middle Initial)  
**Kim Nguyen for LA Superior Court Judge 2016**

Mailing Address 777 S Figueroa St Ste 4050

City Los Angeles	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2016

**Transaction ID : 15-6737-O**

Amount of Each Receipt this Period  
 10000.00

Memo Item  
 Slate Mailer Payment

**C.** Full Name (Last, First, Middle Initial)  
**Safe, Clean Neighborhood Parks And Open Space for All**

Mailing Address 777 S Figueroa St Ste 4050

City Los Angeles	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2016

**Transaction ID : 15-6779-O**

Amount of Each Receipt this Period  
 7500.00

Memo Item  
 Slate Mailer Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Jung Townsend for Judge 2016**

Mailing Address 249 E Ocean Blvd Ste 685

City: Long Beach State: CA Zip Code: 90802

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 20000.00

Date of Receipt: 10 / 17 / 2016

Transaction ID : 15-6743-O

Amount of Each Receipt this Period: 10000.00

Memo Item  
 Slate Mailer Payment

**B.** Full Name (Last, First, Middle Initial)  
**Yes On The Los Angeles County Traffic Improvement Plan**

Mailing Address 777 S Figueroa St Ste 4050

City: Los Angeles State: CA Zip Code: 90017

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 35000.00

Date of Receipt: 10 / 19 / 2016

Transaction ID : 15-6780-O

Amount of Each Receipt this Period: 35000.00

Memo Item  
 Slate Mailer Payment

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date:

Date of Receipt:

Amount of Each Receipt this Period:

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	145000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2016
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee	Category/ Type 003	Amount of Each Disbursement this Period 0.05
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : 17-5047 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2016
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee	Category/ Type 003	Amount of Each Disbursement this Period 3.96
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : 17-5072 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2016
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee	Category/ Type 003	Amount of Each Disbursement this Period 0.68
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : 17-5075 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016
Mailing Address PO Box 382110		FEC Identification Number C C00401224
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003
Candidate Name <b>ACTBLUE</b>		Amount of Each Disbursement this Period 0.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 17-5088
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2016
Mailing Address PO Box 7221		FEC Identification Number C
City Pasadena	State CA	Zip Code 91109-7321
Purpose of Disbursement Overnite Delivery		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 41.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 17-5076
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. GOULD &amp; ORELLANA, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2016
Mailing Address 249 E. Ocean Blvd. #685		FEC Identification Number C
City Long Beach	State CA	Zip Code 90802
Purpose of Disbursement Professional services: Slate Mailer (See AO 2004-37)		Category/ Type 004
Candidate Name		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 17-5055
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2542.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. GOULD &amp; ORELLANA, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2016		
Mailing Address 249 E. Ocean Blvd. #685					
City Long Beach	State CA	Zip Code 90802	FEC Identification Number C		
Purpose of Disbursement Office Expenses		Category/ Type 001	Amount of Each Disbursement this Period 504.32		
Candidate Name		Transaction ID : 17-5073			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. GOULD &amp; ORELLANA, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2016		
Mailing Address 249 E. Ocean Blvd. #685					
City Long Beach	State CA	Zip Code 90802	FEC Identification Number C		
Purpose of Disbursement PAC Management/Political Reporting Services		Category/ Type 001	Amount of Each Disbursement this Period 5350.00		
Candidate Name		Transaction ID : 17-5074			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. Gidda's Home Health Services Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2016		
Mailing Address 13351 Hawthorne Blvd.					
City Hawthorne	State CA	Zip Code 90250	FEC Identification Number C		
Purpose of Disbursement Rent/Lease		Category/ Type 001	Amount of Each Disbursement this Period 1200.00		
Candidate Name		Transaction ID : 17-5069			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7054.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Gidda's Home Health Services Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2016		
Mailing Address 13351 Hawthorne Blvd.			FEC Identification Number C		
City Hawthorne	State CA	Zip Code 90250	Amount of Each Disbursement this Period 1200.00		
Purpose of Disbursement Rent/Lease		Category/ Type 001	Transaction ID : 17-5070		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Rene Cross-Washington</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2016		
Mailing Address 9202 3rd Ave.			FEC Identification Number C		
City Inglewood	State CA	Zip Code 90305	Amount of Each Disbursement this Period 650.00		
Purpose of Disbursement Invitation Graphic Design		Category/ Type 003	Transaction ID : 17-5102		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Rolla Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016		
Mailing Address 1220 4th Street NW, #1			FEC Identification Number C		
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 15000.00		
Purpose of Disbursement Fundraiser Management Fee		Category/ Type 003	Transaction ID : 17-5053		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Rolla Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016	
Mailing Address 1220 4th Street NW, #1			FEC Identification Number C	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 1803.58	
Purpose of Disbursement Fundraiser Expenses		Category/ Type 003	Transaction ID : 17-5054	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Southern California Edison</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2016	
Mailing Address P.O. Box 300			FEC Identification Number C	
City Rosemead	State CA	Zip Code 91772	Amount of Each Disbursement this Period 27.42	
Purpose of Disbursement Electricity Bill		Category/ Type 001	Transaction ID : 17-5048	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Waters, Karen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2016	
Mailing Address 249 E. Ocean Blvd. #685			FEC Identification Number C	
City Long Beach	State CA	Zip Code 90802	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Slate Mailer Management Fee: (See AO 2004-37)		Category/ Type 004	Transaction ID : 17-5056	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5831.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. California Bank &amp; Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2016
Mailing Address POBox 30833		FEC Identification Number C
City Salt Lake City	State UT	Zip Code 84130-0833
Purpose of Disbursement Credit Card Payment		003
Candidate Name		Amount of Each Disbursement this Period 9688.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : 17-3807-W</b>
State: District:		<input type="checkbox"/> Memo Item Expenditure purpose details appear in Credit Card Payees reaching

Full Name (Last, First, Middle Initial) <b>B. The Hay Adams</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2016
Mailing Address 800 16th St. NW		FEC Identification Number C
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Fundraiser Event		003
Candidate Name		Amount of Each Disbursement this Period 3842.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : 17-5077-P</b>
State: District:		<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2016
Mailing Address Los Angeles International Airport		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90045
Purpose of Disbursement Airfare Expense LAX-Washington DC-LAX		002
Candidate Name		Amount of Each Disbursement this Period 1119.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : 17-5078-P</b>
State: District:		<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9688.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016
Mailing Address Los Angeles International Airport		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90045
Purpose of Disbursement Airfare Expense LAX-St. Louis		002
Candidate Name		Amount of Each Disbursement this Period 488.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : 17-5092-P</b> <input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hotel Tonight</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2016
Mailing Address 415 New Jersey Ave. NW		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Lodging		002
Candidate Name		Amount of Each Disbursement this Period 379.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : 17-5095-P</b> <input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marriott Metro Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2016
Mailing Address 775 12th St., NW		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Fundraiser Event		003
Candidate Name		Amount of Each Disbursement this Period 1840.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : 17-5091-P</b> <input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D California Bank & Trust
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

Full Name (Last, First, Middle Initial) <b>A. Park Plaza Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2016	
Mailing Address 212 Kingshighway Blvd.			FEC Identification Number C	
City Saint Louis	State MO	Zip Code 63108	Amount of Each Disbursement this Period 937.65	
Purpose of Disbursement Lodging		Category/ Type 002	Transaction ID : 17-5094-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016	
Mailing Address Los Angeles International Airport			FEC Identification Number C	
City Los Angeles	State CA	Zip Code 90045	Amount of Each Disbursement this Period 593.96	
Purpose of Disbursement Airfare Expense St. Louis-LAX		Category/ Type 002	Transaction ID : 17-5093-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D California Bank & Trust		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	41971.66

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **CITIZENS FOR WATERS** Transaction ID : **C9-11-LM**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) African American 2000 and Beyond		<input type="checkbox"/> Memo Item	Election: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2092 W. Jefferson Blvd.			
City Los Angeles	State CA	ZIP Code 90018	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 08 / D 12 / Y 2008	Date Due M 08 / D 12 / Y 2009	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	----------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	25000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Airlines</b>			Nature of Debt (Purpose): Travel Expenses
Mailing Address Los Angeles International Airport			
City Los Angeles	State CA	Zip Code 90045	

Outstanding Balance Beginning This Period 719.60		Transaction ID : D10-875-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 719.60	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>David Gould Company</b>			Nature of Debt (Purpose): Professional Services: Slate Mailer (See AO 2004-37)
Mailing Address 249 E. Ocean Blvd., #685			
City Long Beach	State CA	Zip Code 90802	

Outstanding Balance Beginning This Period 1000.00		Transaction ID : D10-2658-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Harris &amp; Harris Sound</b>			Nature of Debt (Purpose): Sound for event
Mailing Address 4312 4th Ave.			
City Los Angeles	State CA	Zip Code 90008	

Outstanding Balance Beginning This Period 50.00		Transaction ID : D10-1694-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1769.60
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**CITIZENS FOR WATERS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Rene Cross-Washington</b>			Nature of Debt (Purpose): Invitation Graphic Design
Mailing Address 9202 3rd Ave.			
City Inglewood	State CA	Zip Code 90305	

Outstanding Balance Beginning This Period 650.00	Transaction ID : D10-2081-V	
Amount Incurred This Period 0.00	Payment This Period 650.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Rolla Group LLC</b>			Nature of Debt (Purpose): Fundraiser Management Fee
Mailing Address 1220 4th Street NW, #1			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 16803.58	Transaction ID : D10-6933-V	
Amount Incurred This Period 0.00	Payment This Period 16803.58	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Harman Press</b>			Nature of Debt (Purpose): Slate Mailer: Printing & Artwork (See AO 2004-37)
Mailing Address 6840 Vineland Ave.			
City North Hollywood	State CA	Zip Code 91605	

Outstanding Balance Beginning This Period -1000.00	Transaction ID : D10-3068-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	-1000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Waters, Karen, , ,</b>			Nature of Debt (Purpose): Slate Mailer Management Fee: (See AO 2004-37)
Mailing Address 249 E. Ocean Blvd. #685			
City Long Beach	State CA	Zip Code 90802	

Outstanding Balance Beginning This Period 4312.00	Transaction ID : D10-1148-V	
Amount Incurred This Period 50000.00	Payment This Period 4000.00	Outstanding Balance at Close of This Period 50312.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>			Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address Box 0001			
City Los Angeles	State CA	Zip Code 90096-0001	

Outstanding Balance Beginning This Period 6761.71	Transaction ID : D10-1886-W	
Amount Incurred This Period 4966.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 11727.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>California Bank &amp; Trust</b>			Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address POBox 30833			
City Salt Lake City	State UT	Zip Code 84130-0833	

Outstanding Balance Beginning This Period 12543.56	Transaction ID : D10-1695-W	
Amount Incurred This Period 4994.68	Payment This Period 9688.97	Outstanding Balance at Close of This Period 7849.27

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	69889.17
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR WATERS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Congressional FCU Visa</b>			Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address PO Box 96099			
City Charlotte	State NC	Zip Code 28296-0099	

Outstanding Balance Beginning This Period 3506.38		Transaction ID : D10-3224-W	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3506.38	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	3506.38
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	74165.15
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	74165.15