Recipient Committee Campaign Statement Cover Page		GECEIVE OS ANGELE	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from10/23/2022	Date of election if applicable: (Month, Day, Year) 2023 JAN 3	Page1 of11
SEE INSTRUCTIONS ON REVERSE	through12/31/2022	CA MPAIGN	FINANCE GIOS63
1. Type of Recipient Committee: All Committee 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: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Sub vendors added	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBER 1359227	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMM A Coalition for a safer Los Angeles Cou FOR LOS ANGELES DEPUTY SHERIFFS STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER DAVID GAISFORD MAILING ADDRESS CITY	STATE ZIP CODE AREA CODE/PHONE
CITY STATE MONTERBY PARK CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF	ZIP CODE AREA CODE/PHONE 91755 (213)489-4792	MONTEREY PARK NAME OF ASSISTANT TREASURER, IF ANY David L. Gould MAILING ADDRESS	CA 91755 (323)213-4009
CITY STATE Norwalk CA OPTIONAL: FAX / E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE 90650	CITY Norwalk OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE AREA CODE/PHONE CA 90650 (213)489-4792
4. Verification I have used all reasonable diligence in preparing and re under penalty of perjury under the laws of the State of C Executed on	eviewing this statem		true and complete. I certify
Executed on	By	Signature of Controlling Officeholder, Candidate, State Measure Pro	

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page ____2 of ___11

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
DEFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDIC	, J SUPP	
			☐ OPPO	OSE .
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP	Identify the controlling officeholder, o	andidate, or state measure propo	nent, if any
		NAME OF OFFICEHOLDER, CANDIDATE, OR	PROPONENT	
Related Committees Not Included in this Sta	tement: List any committees			
of included in this statement that are controlled by you o ontributions or make expenditures on behalf of your can	or are primarily formed to receive	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
OMMITTEE NAME	I.D. NUMBER			
그래요를 쌓는 그 그는 사람은 선생님 그 그 그 그림 나라, 그 모고 그				
AME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Off officeholder(s) or candidate(s) for which to	his committee is primarily formed.	nes of
	☐ YES ☐ NO	7. Primarily Formed Candidate/Off officeholder(s) or candidate(s) for which to NAME OF OFFICEHOLDER OR CANDIDATE	his committee is primarily formed.	nes of
	☐ YES ☐ NO	officeholder(s) or candidate(s) for which t	office sought or Held	7.
DMMITTEE ADDRESS (NO P.O. BO	YES NO	officeholder(s) or candidate(s) for which t	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD] SUPPORT
DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO	officeholder(s) or candidate(s) for which to NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
OMMITTEE ADDRESS (NO P.O. BO	YES NO OX) ODE AREA CODE/PHONE	Officeholder(s) or candidate(s) for which to NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

NAME OF FILER

A Coalition for a safer Los Angeles County Sponsored by ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS

Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	e-3 \$210,000.00	\$1,044,916.14	
2. Loans Received	e 3	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	+2 \$ 210,000.00	\$ 1,044,916.14	20. Contributions Received \$\$
4. Nonmonetary Contributions	e 3 0.00	0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED		\$ 1,044,916.14	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Lini	e4 \$373,7071.66	\$ 2,099,604.47	Candidates
7. Loans Made	e 3 0.00	0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6	A. A	\$ 2,099,604.47	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	, Mr. 1/2	0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE		\$ 2,099,604.47	\$
Current Cash Statement			, , , , , , , , , , , , , , , , , , ,
12. Beginning Cash Balance Previous Summary Page, Line	16 \$ 1,381,091.40		
13. Cash Receipts		To calculate Column B, add amounts in Column A to the	
14. Miscellaneous Increases to Cash		corresponding amounts	*Amounts in this section may be different from amounts
15. Cash Payments		from Column B of your last report. Some amounts in	reported in Column B.
		Column A may be negative figures that should be	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line If this is a termination statement, Line 16 must be zero.	15 \$	subtracted from previous period amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Pai	nt 2 \$	the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents	rse \$0.00	arry).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B abo			

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www.fppc.ca.gov

Schedule A Monetary Contributions Received			Amounts may be rounded to whole dollars.			Statement cove		CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE						through12/31/20	022	Page4 of1	1
AME OF FILER	NO ON REVERSE				· · ·				.D. NUMBER	
A Coalition	for a safer Los Angeles	County Sponsore	ed by ASSO	CIATION FOR I	LOS ANGELES I	EPUTY SHERIFFS			1359227	
DATE RECEIVED	FULL NAME, STREET ADDRESS A	AND ZIP CODE OF CO ENTER I.D. NUMBER)	ONTRIBUTOR	CONTRIBUTOR CODE *	OCCUPATION (IFSELF-EMPL)	/IDUAL, ENTER AND EMPLOYER DYED, ENTER NAME USINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D. CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
12/23/2022	Association for Tos Ange	les Deputy She	riffs	□IND			210,000.00	1,044,91	5.14	
1) 9 1 1	Monterey Park, CA 91755		*	□COM 図OTH □PTY						
, ,				□scc -	42.	14.4				
				IND COM OTH PTY SCC						
				□IND □COM □OTH □PTY □SCC						
- 12				□IND □COM □OTH □PTY □SCC						
				□IND □COM □OTH □PTY □SCC						-
		·				SUBTOTAL\$	210,000.00		Established	E.
1. Amount red	A Summary ceived this period – itemized Schedule A subtotals.)					\$	210,000.00	IND-In	utor Codes dividual Reciplent Committee other than PTY or SCC)	:
	ceived this period – unitemi	-	ntributions	of less than \$	3100	\$. 0.00	OTH = 0	Other (e.g., business en olitical Party mall Contributor Commit	tity)
	etary contributions received to and 2. Enter here and on		age, Colu	mn A, Line 1.)		TOTAL \$	210,000.00		TIAL CONTINUED CONTINUE	

Schedule D SCHEDULE D Summary of Expenditures Statement covers period **CALIFORNIA** Amounts may be rounded Supporting/Opposing Other to whole dollars... FORM 10/23/2022 from Candidates, Measures and Committees Page ____5 of __11 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER A Coalition for a safer Los Angeles County Sponsored by ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS 1359227 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS TO DATE TYPE OF PAYMENT CALENDAR YEAR DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD . (IF REQUIRED) (JAN: 1 - DEC. 31) OR COMMITTEE 261,465.13 Digital Buy 150,000.00 11/02/2022 Lindsey Horvath County Supervisor County of Los Angeles Contribution District 3 Nonmonetary. Digital Buy Contribution |X| Independent Expenditure X Oppose Support 111,465.13 261,465.13 11/02/2022 Lindsey Horvath Mailer Monetary County Supervisor Contribution County of Los Angeles District 3 □ Nonmonetary Mailer Contribution x independent Expenditure ☐ Support ▼ Oppose Monetary Contribution □ Nonmonetary Contribution ' - Independent Expenditure ☐ Support Oppose 261,465.13 SUBTOTAL \$ **Schedule D Summary**

. 1.	Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	261,465.1
•		
2.	Unitermized contributions and independent expenditures made this period of under \$100\$	0.00
,	· [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
٠,	Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	261,465.13

Schedule E Payments Made SEE INSTRUCTIONS ON REVER	SE			ay be rounded e dollars.		Statement cover 10/23/ through 12/31/	2022 F(SCHEDULE 1 FORNIA 460 6 of11
NAME OF FILER							I.D. NI	JMBER
A Coalition for a safe	r Los Angeles	County Sponsored b	y ASSOCIATION F	OR LOS ANGELES	DEPUTY SHERIFFS		1359	227
CODES: If one of the COMP campaign paraphernalic campaign consultants contribution (explain not civic donations candidate filing/ballot for fundraising events independent expenditured legal defense campaign literature and	a/misc. onmonetary)* ees re supporting/opp		MBR member meetings OFC office ex PET petition of phone bath polling an postage,	communications and appearances penses irculating anks nd survey research delivery and meso	h senger services	RAD radio airtime and returned contribus SAL campaign works TEL t.v. or cable airtime candidate travel TRS staff/spouse transfer between VOT voter registratio	d production costs nutions ers' salaries ime and production cos, lodging, and meals vel, lodging, and meals n committees of the s	s ame candidate/sponsor
	· · · · · · · · · · · · · · · · · · ·						- 34	T
W. 7	NAME AND ADD (IF COMMITTEE, ALS	DRESS OF PAYEE DENTERID NUMBER)		CODE O	R DES	CRIPTION OF PAYMENT		AMOUNT PAID
Wells Fargo Advisors L	LC _	1. 1.		: CMP	Wire Fee-Outgoing	Domestic		30.00
Irvine, CA 92612								
AKDP .	·			CMP				150,000.00
Chicago, IL 60654	i de la companya de l				٠.		<i>i.</i>	
The Strategy Group, LL	c			LIT	* * * * * * * * * * * * * * * * * * * *			. 111,465.13
Cnicago, ir evéer	7) kg.	٠.						
* Payments that are contr	ibutions or inde	ependent expenditures	must also be sur	mmarized on Sc	hedule D.		SUBTOTAL	\$ 261,495.13
Schedule E Summa	ade this period	•						373,071.66
2. Unitemized payments	made this peri	od of under \$100					\$ _	0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$______\$

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0.00

Schedule E

SCHEDUL	FF:	(CONT.)	

(Continuation Sheet) Payments Made	Amounts may be to whole do		from10/23/2022	FORM 460
SEE INSTRUCTIONS ON REVERSE			through	Page 7 of 11
NAME OF FILER				I.D. NUMBER
A Coalition for a safer Los Angeles County Spo	nsored by ASSOCIATION FOR	LOS ANGELES DEPUTY SHERIFFS		1359227
CODES: If one of the following codes accurately CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (elegal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s xplain)* POS postage, deli	munications d appearances ses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie t.v. or cable airtime and production TRC candidate travel, lodging, staff/spouse travel, lodging.	on costs es roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUMB	ER)	CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Wells Fargo Advisors LLC	**	CMP Wire Fee-Outgoin	g Domestic	30.00
Irvine, CA 92612	4	.543		- * 1
			i eye	
FedEx	+ 1	POS	Y-	31.40
Pasadena, CA 91109			v Math	
<u> </u>	: · · · · · · · · · · · · · · · · · · ·		-, 1	
Secretary of State		CMP 2023 Annual Comm	ittee Fee	50.00
Sacramento, CA 95814				
The Strategy Group, LLC		LIT	* * 2 * * * * * * * * * * * * * * * * *	111,465.13
Chicago, IL 60661	. *			
* Payments that are contributions or independent expenditu	res must also be summarized on S	Schedule D.	. S	UBTOTAL \$ 111,576.53

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

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from10/23/2022	FORM 40U
through12/31/2022	Page 8 of 11
	I.D. NUMBER
	1359227

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A Coalition for a safer Los Angeles County Sponsored by ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AKDP

CODES:	If (one of the following	codes accurately descr	ibes the payr	nent, you ma	y enter the code.	Otherwise,	describe the payment.	

		_		
- CMP	campaign paraphernalia/misc.	MBR	member communications RA	D radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances RF	D returned contributions
- CTB	contribution (explain nonmonetary)*	OFC	office expenses SA	L campaign workers' salaries
CVC	civic donations	PET	petition circulating TE	t.v. or cable airtime and production costs
`FIL ,	candidate filing/ballot fees	PHO	phone banks TR	C candidate travel, lodging, and meals
, FND	fundraising events			S staff/spouse travel, lodging, and meals
- IND	independent expanditure supporting/opposing others (explain)	POS	postage, delivery and messenger services TS	F transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting) VC	T. voter registration
LIT	campaign literature and mailings	PRT	print ads WE	B information technology costs (internet, e-mail)

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

	NAME	AND ADDRESS OF PAYE IF COMMITTEE, ALSO ENTER I	E OR CREDITOR .D. NUMBER)		CODE O	R	DESCRIPTION	OF PAYMENT	17	AMOUNT PAID
DS Polit	ical CA 94609	1.3.			CMP	Digital Buy		13.	4	127,000.00
,										
Mean Gre	en Media LLC			` .	CMP	Digital Buy/	Production			560.00
Washingt	on, DC 20007					-		2-9		
			· · ·			.'	·.	· · · · · ·		-
					-					

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

127,560.00

^{*} 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
from 10/23/2022	CALIFORNIA 460
through 12/31/2022	Page 9 of 11
	I.D. NUMBER

1359227

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

A Coalition for a safer Los Angeles County Sponsored by ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Strategy Group, LLC

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

CODEC: II one of the lengthing	occor accurator,	400011000		payment, joi may amen the court			, ageomee are payment.	
CMP campaign paraphernalia/misc.			MBR	member communications	F	RAD	radio airtime and production costs	
CNS campaign consultants			MTG	meetings and appearances	F	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	Jopposing others (ex	plain)*	POS	postage, delivery and messenger services		TSF	transfer between committees of the same candi	date/sponsor
LEG legal defense	1.7		PRO	professional services (legal, accounting)			voter registration	
LIT campaign literature and mailings	-		PRT	print ads	1:3:1	WEB	information technology costs (internet, e-mail)	
	.5	· ·						5 4

^{*} 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 LD. NUMBER)					CODE	OR DESCRIPTION OF PAYMENT				AMOUNT PAID 41,296.28
Cornerstone Printing			LIT	Printing & Mailing						
Novato, CA 949	49					1:			, :	
						1 -	:			
				٠,	·		-			· .
HP Photography			***	,	LIT	Design	·			1,200.00
Lake Isabella,	CA 93240			٠,		· · · ·				
						;				· `.
				1 1						
United States	Postal Service	e	· · · · · · · · · · · · · · · · · · ·		POS	Postage				52,987.04
Loa Angeles, C	A 90001		;	,		<u> </u>		·		 v ē
Cornerstone Pr	inting				LIT	Printing &	Mailing			41,296.28
Novato, CA 949	49		-	~						
					-					

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 136,779.60

^{*}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 (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

			SCHEDU	LEG(CONT
om	tatement covers peri	od	CALIFORNIA FORM	460

Page ____10____

of_

SEE	INSTR	LICTION	IS ON	REVERSE
		001101		

NAME OF FILER

A Coalition for a safer Los Angeles County Sponsored by ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS

I.D. NUMBER 1359227

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Strategy Group, LLC

LEG legal defense

LIT campaign literature and mailings

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

CMP campaign paraphernalia/misc. member communications campaign consultants MTG meetings and appearances CNS: CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks fundraising events POL .IND independent expenditure supporting/opposing others (explain): POS

polling and survey research postage, delivery and messenger services

PRO professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

returned contributions SAL campaign workers' salaries

through $\frac{12}{31}/2022$

TEL t.v. or cable airtime and production costs

candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

	NAME AND AD	DRESS OF PAYEE OR CR	REDITOR R)	CODE	OR	DESCRIPTION OF PAYME	NT	a Marie e Marie	AMOUNT PAID
HP Photography				LIT	Design				1,200.00
Lake Isabella,	CA 93240								
United States	Postal Service		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	POS	Postage				52,987.04
Loa Angeles, C	A 90001	personal Televisian							

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

54,187.04

^{*} 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	1.	•				<u> </u>		SCHEDULE
Miscellan	eous Increases t	o Cash		may be rounded	Statement co	overs period	CALIFORNIA	460
			tow	hole dollars.	from10/	23/2022	FORM	400
				-	through 12/		B 11 1	
SEE INSTRUCTIO	NS ON REVERSE		1147		through		Page11 of	
NAME OF FILER							I.D. NUMBER	-, · .
A Coalition	for a safer Los Angel	es County Sponsored by ASSOCIA	TION FOR LOS ANGELI	ES DEPUTY SHERIF	rfs .		1359227	
DATE RECEIVED		FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			DESCRIPTION OF RECEI	т , , , ,	AMOUNT (
10/31/2022	Wells Fargo Advisors	s LLC		Interest				693.63
	Irvine, CA 92612							- :
	100							
	12-12-1			1 (fe 17 2 t		Total Control		
11/30/2022	Wells Fargo Advisors	s LLC		Interest				966.2
	17V1He; CA:92612	TO SECTION OF A STATE OF THE						
					100 m		Section 1	
	1. 1. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(+		A. C.		4 1.312.18	
12/31/2022	Wells Fargo Advisors	s LLC		Interest			1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,166.82
	Prvine, CA 92612			1937-8 1944 - Saut			Service Land	راه از
				1. 44.4.1.		<u> </u>		. 1.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
							4	
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
								1 196
:							7,27,7	
Attach add	litional information on app	propriately labeled continuation shee	ts.		्रिक्स स्ट ^क ्	SUBTOTAL		2,826.66
Schedule	I Summary				and the second			
		period			s _	2,826.66		
		under \$100 this period				0.00		
		period on loans made to others			and the second second	0.00		
		o cash this period. (Add Lines		. 17				
		o casii mis period. (Add Lines			TOTAL \$	2,826.66		
				7			EDDO E 4	00 (11004

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