

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA FORM 460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from January 21, 2024
through February 17, 2024

Date of election if applicable:
(Month, Day, Year)
March 5, 2024

Date Stamp

24 MAR 5 PM 5:20
CITY CLERK'S OFFICE

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:

☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Paulette Francis for City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Gardena CA 90249

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 1462

CITY STATE ZIP CODE AREA CODE/PHONE

Gardena CA 90249

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

Treasurer(s)

NAME OF TREASURER

Glanda Sherman

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90249

NAME OF ASSISTANT TREASURER, IF ANY

n/a

MAILING ADDRESS

n/a

CITY STATE ZIP CODE AREA CODE/PHONE

n/a

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief the information 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 March 5, 2024

Date

By [Signature] Treasurer

Executed on March 5, 2024

Date

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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Campaign Statement
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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paulette C. Francis

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

member of City Council

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

Gardena Ca 90249

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

n/a

I.D. NUMBER

n/a

NAME OF TREASURER

n/a

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

n/a

CITY STATE ZIP CODE AREA CODE/PHONE

n/a

COMMITTEE NAME

n/a

I.D. NUMBER

NAME OF TREASURER

n/a

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

n/a

CITY STATE ZIP CODE AREA CODE/PHONE

n/a

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

n/a

BALLOT NO. OR LETTER

n/a

JURISDICTION

n/a

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

n/a

OFFICE SOUGHT OR HELD

n/a

DISTRICT NO. IF ANY

n/an/a

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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from January 21, 2024
through February 17, 2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Paulette C. Francis

I.D. NUMBER

1423829

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>5,100</u>	\$ <u>5,100</u>
2. Loans Received..... Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>5,100</u>	\$ <u>5,100</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>5,100</u>	\$ <u>5,100</u>

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

6. Payments Made..... Schedule E, Line 4	\$ <u>4,074</u>	\$ <u>4,074</u>
7. Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>4,074</u>	\$ <u>4,074</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>4,074</u>	\$ <u>4,074</u>

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	\$ <u>2,901.40</u>
13. Cash Receipts..... Column A, Line 3 above	<u>5,100.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
15. Cash Payments..... Column A, Line 8 above	<u>4,074.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3,927.40</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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
from January 21, 2024
through February 17, 2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Paulette C. Francis

I.D. NUMBER

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)
1/21/24	Yvonne Veal Horton Jerome Horton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	1,000	1,000	
1/21/24	Strategic Advocates P.O. Box 90932 Los Angeles, CA 90008	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000	1,000	
1/23/24	Glanda Sherman [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	case manager social worker	200.00	200.00	
1/22/24	LaVerne Knight [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	300.00	300.00	
1/22/24	Lela Emmons Johnson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	50.00	50.00	
SUBTOTAL \$ <u>2,550.00</u>						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)\$ 4,950

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 0

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ _____

*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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from January 21, 2024
through February 17, 2024

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NAME OF FILER

Paulette C. Francis

I.D. NUMBER

1423829

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)
1/29/24	Southwest Mountain States Regional Council of Carpenters 533 S. Fremont Avenue 10th Floor Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000	1,000	
2/4/24	Shirley and Allen McCarty [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
2/6/24	Henry and Karen Horton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	400.00	400.00	
2/6/24	Paula May [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent	100.00	100.00	
2/6/24	Renee Anderson [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	300.00	300.00	
SUBTOTAL \$ 2,000						

*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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from January 21, 2024
through February 27, 2024

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NAME OF FILER

Paulette C. Francis

I.D. NUMBER

1423829

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)
2/10/24	Gardena Valley Chamber of Commerce 1 West Manchester Blvd# 700 Inglewood, CA 90301	<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	
2/12/24	Brenda Dillion [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
2/12/24	Beverly Thompson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
		<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 \$ 400.00						

*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
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>January 21, 2024</u> through <u>February 11, 2024</u>		CALIFORNIA FORM 460
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NAME OF FILER Paulette C. Francis		I.D. NUMBER 1423829

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Paulette C. Francis

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
Staples 701 West Redondo Beach Blvd Gardena, CA 90249	LIT	printing of campaign literaure	123.00
Mailing Pros 5261 Business Drive Huntington Beach, CA 92649	CMP	100 yards signs	915.00
Mailing Pros 5261 Business Drive Huntington Beach, CA 92649	CMP	50 yard signs	680.00
Ken Zupanic 3545 Lomita Blvd Torrance, CA 90505	pho	robo calls	86.00
Gardena valley News 15005 Vermont Avenue Gardena, CA 90249	PRT	full page ad	1332.00

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

SUBTOTAL \$ 3,136.00