Recipient Committee Campaign Statement Cover Page			Date Stamp		COVER PAGE ALIFORNIA 460 FORM
	Statement covers period from 01/22/2017	Date of election if applicable: (Month, Day, Year)	MY OF BEVERI	<u> </u>	ge 1 of 17 For Official Use Only Indexed
SEE INSTRUCTIONS ON REVERSE	through02/18/2017	03/07/2017	ITY CLERK'S	OFFICE	2/23/17/60
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
O State Candidate Election Committee O Recall (Also Complete Part 5)  ☐ General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored to Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	✓ Preelection Statement  ☐ Semi-annual Statement  ☐ Termination Statement (Also file a Form 410 Te	ermination)	☐ Quarterly S ☐ Special Od	itatement d-Year Report
a Comunice mormanon	NUMBER 391691	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	001001	NAME OF TREASURER			
FRANCES BILAK FOR CITY COUNCIL 2017		LOU MILKOWSKI			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		405 N. PALM DRIVE, U	JNII 101 STATE	ZIP CODE	AREA CODE/PHONE
433 N. CAMDEN #500		BEVERLY HILLS, CA 9		ZIF CODE	424.335.5850
CITY STATE ZIP COD BEVERLY HILLS CA 90210	E AREA CODE/PHONE 310.570.8919	NAME OF ASSISTANT TREASURE			424.000.000
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	**		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S		
. Verification					
I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my k	nowledge the information contained	hereinand in the attac	ched schedules	is true and complete. I
certify under penalty of perjury under the laws of the State of C	alifornia that the foregoing is true and e	errect.	/.		
Executed on	Ву	Signature of Treasurer or Assistant	Treasurer		
Executed on	BySignature of Control	fing Officeholder, Candidate, State Measure Pro	ponent or Responsible Office	r of Sponsor	
Executed on	BySig	mature of Controlling Officeholder, Candidate, Si	tate Measure Proponent		
Executed on	By	nature of Controlling Officeholder, Candidate, SI			

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

## Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	r page	- PAI	RT 2
CALI		IIA /	16	กไ
F	DRM		KUK.	$U_{\parallel}$
			70	
Page _	_2	_ of	/	-

Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballot	Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	<del>CO NOS CALÓNIO ASSOCIA</del> CIONA EN	The state of the s	ecinistiss processed and processed control of the c
FRANCES BILAK					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
BEVERLY HILLS CITY COUNCIL					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		мониция выполнения выполне			en e
433 N. CAMDEN #500 BEVERLY HILLS, CA 90210		Identify the controlling officeho			e proponent, if any.
		NAME OF OFFICEHOLDER, CANDI	DATE, OR PR	OPONENT	
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		OFFICE SOUGHT OR HELD	- Control of the Cont	DISTRIC	CT NO, IF ANY
contributions or make expenditures on behalf of your candidacy.				-	
COMMITTEE NAME I.D. NUMBER		MC0-ной-ной-какения меней може по выполняем ученного в составления може в пристеду в пр	/	The Control of Control	
			,		
NAME OF TREASURER CONTROLLED COMMITTEE?	7.	Primarily Formed Candid	late/Office	eholder Committe	ee List names of
☐ YES ☐ NO		officeholder(s) or candidate(s) fo	r which this	committee is primarily	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CAN	DIDATE	OFFICE SOUGHT OR	HELD SUPPORT
					OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAN	DIDATE	OFFICE SOUGHT OR I	
					SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR CAN	DIDATE	OFFICE SOUGHT OR I	
		TANNE OF OFFICE ROLLINGER ON CANA	DIDATE	OFFICE SOUGHT OR I	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANI	DIDATE	OFFICE SOUGHT OR H	TELD CONTROL
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					SUPPORT OPPOSE
		general automobile functionable of the distributions was some consistency and the company of the distributions are used		I.	**************************************
CITY STATE ZIP CODE AREA CODE/PHONE		Attach	continuatio	n sheets if necessary	,
		rettion		ooca n necessary	,

# Campaign Disclosure Statement Summary Page

FRANCES BILAK FOR CITY COUNCIL 2017

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

FORM 460
Page3 of
I.D. NUMBER
1391691

THE TOTAL PROPERTY OF THE PROP					1391691
Contributions Received	(	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$	5,230.00	s	7,359.00	General Elections
2. Loans Received	·	14,624.59	*	14,624.59	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	19,854.59	\$	21,983.59	20. Contributions Received \$ 21,983.59 \$
4. Nonmonetary Contributions		0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	19,854.59	\$	21,983.59	Made \$ 30,154.59 \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made	\$		\$	30,154.59	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	18,772.00	\$	30,154.59	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	18,772.00	\$	30,154.59	03 / 07 / 17 \$ 42,227.45
Current Cash Statement			Ī		/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		Tr	calculate Column B.	
13. Cash Receipts Column A, Line 3 above		19,854.59	ac	dd amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	ar	to the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		18,772.00		your last report. Some nounts in Column A may	reported in Column B.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	6,829.00	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pr	ould be subtracted from evious period amounts. If is is the first report being	4
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	ed for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts	i god god or		fro	om Línes 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00	al i	y).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Form 460 (Jan/2016)
					FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

-	:
Statement covers period from01/22/2017	CALIFORNIA 460
through02/18/2017	Page 4 of /
	I.D. NUMBER 1391691

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRANCES BILAK FOR CITY COUNCIL 2017

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)
1/23/2017	HOWARD GOLDSTEIN 9935 DURANT DRIVE BEVERLY HILLS, CA 90212	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY - HOWARD GOLDSTEIN, ESQ.	180.00	180.00	180.00
1/27/2017	GLORIA JENNINGS 405 N. PALM DRIVE, UNIT 101 BEVERLY HILLS, CA 90210	☑ IND □ COM □ OTH □ PTY □ SCC	RETIRED	200.00	200.00	200.00
1/27/2017	LISA GREER 1001 N. ROXBURY DRIVE BEVERLY HILLS, CA 90210	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER - GREER TRUST	200.00	200.00	200.00
1/29/2017	JEAN FRIEDMAN 6404 WILSHIRE BLVD. LOS ANGELES, CA 90048	☑ IND □ COM □ OTH □ PTY □ SCC	PHYSICIAN - DR. JEAN FRIEDMAN	450.00	450.00	450.00
1/29/2017	JERRY FRIEDMAN 6404 WILSHIRE BLVD. LOS ANGELES, CA 90048	☑ IND □ COM □ OTH □ PTY □ SCC	PHYSICIAN - DR. JERRY FRIEDMAN	450.00	450.00	450.00
			SUBTOTAL \$	1,480.00		
CabadulaA						·

#### **Schedule A Summary**

1	. Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)	.\$ _	4,780.00
2	. Amount received this period – unitemized monetary contributions of less than \$100		
3.	. Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	\$_	5,230.00

\*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 A (Continuation Sheet) Monetary Contributions Peccived

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

•	Contributions Received	to whole	dollars.	110111	ers period 2/2017 8/2017		orm 460		
NAME OF FILER	PILAN FOR OITY COUNTY 10047				**************************************	I.D. NU	JMBER		
FRANCES	BILAK FOR CITY COUNCIL 2017			•		13916	691		
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
1/30/2017	ABRAHAM ASSIL 3172 BARRINGTON AVE. LOS ANGELES, CA 90048	☑IND □COM □OTH □PTY □SCC	DEVELOPER - WESTLAND DEV. GROUP	450.00	450.	00	450.00		
1/30/2017	ABRA HAM ASSIL 3172 S. BARRINGTON DRIVE LOS ANGELES, CA 90066	☑IND □COM □OTH □PTY □SCC	REAL ESTATE MGR - CREX BARRINGTON LLC	450.00	450.00		450.00		450.00
2/3/2017	WILLIAN SHAW 425 S. BEVERLY DRIVE BEVERLY HILLS, CA 90212	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY - WILLIAM SHAW, ESQ.	450.00	450.00		450.00		
2/6/2017	MADELINE GUSSMAN 909 N. WHITTIER DRIVE BEVERLY HILLS, CA 90210	☑IND ☐COM ☐OTH ☐PTY ☐SCC	OWNER - MADELINE GUSSMAN	450.00	450.0	00	450.00		
2/6/2017	BOB VERNON 332 N. PALM DRIVE BEVELRY HILS, CA 90212	☑IND □COM □OTH □PTY □SCC	POLICE OFFICER	100.00	100.0	00	100.00		
			SUBTOTAL \$	1,900.00					

\*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

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

NAME OF FILER	Contributions Received	to whole	dollars.	110111	ers period /2017 8/2017	F(	, , , , , , , , , , , , , , , , , , , ,		
	BILAK FOR CITY COUNCIL 2017					1.D. NU 13916			
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
1/27/2017	MORADI ISAAC 9301 WILSHIRE BLVD. BEVERLY HILLS, CA 909210	☑IND □COM □OTH □PTY □SCC	DEVELOPER - MORADI ISAAC	300.00	300.	00	300.00		
2/10/2017	TERI AUSTIN 351 N. FOOTHILL BLVD. BEVERLY HILLS, CA 90210	☑IND □COM □OTH □PTY □SCC	PRESIDENT - AMANDA FOUNDATION	100.00	100.00		100.00		
2/16/2017	JAMES GINSBURG 433 N. CAMDEN DRIVE BEVERLY HILLS, CA 90210	☑IND □COM □OTH □PTY □SCC	REAL ESTATE INVESTOR	450.00	450.0	00	450.00		
2/16/2017	LINDA GINSBURG 433 N. CAMDEN DRIVE BEVERLY HILLS, CA 90210	DIND COM PTY SCC	REAL ESTATE INVESTOR	450.00	450.00		450.00		450.00
2/15/2017	REGINA RAPHAEL	☑IND □COM □OTH □PTY □SCC	BUSINESS OWNER - MICKEY FINE	100.00	100.0	00	100.00		
			SUBTOTAL \$	1,400.00					

\*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

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Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.  Statement covers period from 01/22/2017						CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE		······································			through 02/	18/2017	Page 7	of <u>/</u>		
FRANCES BILAK FOR CITY COUNCIL:	2017						1391691			
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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE		
FRANCES BILAK 433 N. CAMDEN DRIVE BEVELRY HILLS, CA 90210	ATTORNEY - FRANCES BILAK			PAID  \$ FORGIVEN	\$ <u>38430.45</u>	O %	s 15,000	calendar year \$29624.59 PER ELECTION*		
<sup>†</sup> ☑IND □ COM □ OTH □ PTY □ SCC		\$ 23805.86	s 14624.59	\$	3/15/17 DATE DUE	ş <u>0</u>		\$ <u>38430.45</u>		
				PAID  S FORGIVEN	s	% RATE	\$	CALENDAR YEAR \$ PER ELECTION*		
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$		
				PAID  PAID  FORGIVEN	_   \$		\$	\$PER ELECTION*		
TO IND COM OTH PTY SCC		\$	5	\$	DATE DUE	\$	DATE INCURRED	\$		
	5	SUBTOTALS \$	9	)	\$	\$				
Schedule B Summary  1. Loans received this period		********************	******	\$	14,624.59	(Enter (e) on Schedule E, Line 3)				
<ul><li>(Total Column (b) plus unitemized loan</li><li>2. Loans paid or forgiven this period</li><li>(Total Column (c) plus loans under \$10</li><li>(Include loans paid by a third party that</li></ul>	0 paid or forgiven.) t are also itemized on Sched	dule A.)				INI CC OT PT	contributor Codes D – Individual DM – Recipient Co (other than F TH – Other (e.g., b Y – Political Party	PTY or SCC) ousiness entity)		
3. Net change this period. (Subtract Line	2 from Line 1.)	**************		NET \$	14,624.59		CC – Small Contrib			

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

Enter the net here and on the Summary Page, Column A, Line 2.

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(May be a negative number)

Schedule B – Part 2  Loan Guarantors		Amounts may be rounded to whole dollars.				SCI CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE				from through _	01/22/2017	Page	
NAME OF FILER						I.D. NUMBER	?
FRANCES BILAK FOR CITY COUNCIL 2017						1391691	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
NONE	□ IND		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
						\$	
	□ IND □ COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER			CALENDAR YEAR	
	□отн □рту		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□IND □COM		LENDER			CALENDAR YEAR	
	□отн □рту		DATE		and the second s	PER ELECTION (IF REQUIRED)	
	□scc					\$	
			SUB	TOTAL \$		Enter on Summary Page, Line 17 only.	

Scriedu			to whole dollars.						SCHEDULE
Nonmo	netary Contributions Received		to whole acides.			Statement covers	period	CALIF	ORNIA 460
					fro	n01/22/20	117	FO	IRM 400
	TIONS ON REVERSE				thro	ough 02/18/2	2017	Page	9 of / (C)
NAME OF FILE	ER .				foto-main minimum and			I.D. NUM	BER
FRANCE	ES BILAK FOR CITY COUNCIL 2017							139169	91
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	NONE	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
Attach ado	litional information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$			- de de la constanta de la con	
Sahadula	C Summan.								
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)				\$		IND-		t Committee
2. Amount i	received this period – unitemized nonmonet	ary contribution	ons of less than \$100	******************	\$		_   отн	- Other (e.g	an PTY or SCC) g., business entity)
	nmonetary contributions received this period es 1 and 2. Enter here and on the Summary		nn A. Lines 4 and 10 )	TOTAL	\$			- Political P - Small Co	'arty ntributor Committee

Support Candida	e D ry of Expenditures ing/Opposing Other ites, Measures and Committees	Amounts may be ro to whole dolla		Statement cover from01/22/2 through02/18	2017	CALIFORNIA 460 FORM  Page 10 of 10		
NAME OF FILE						I.D. NUMB 139169		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - D	TO DATE	PER ELECTION TO DATE (IF REQUIRED)	
	NONE  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$				
1. Itemized	D Summary contributions and independent expenditures made							
3. Total cont	tributions and independent expenditures made thi	s period. (Add Lines 1	and 2. Do not enter on	the Summary Page.)	тотл	AL \$	······································	

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) **Summary of Expenditures** to whole dollars. Statement covers period CALIFORNIA **Supporting/Opposing Other FORM** 01/22/2017 from Candidates, Measures and Committees 02/18/2017 11 through. Page \_ NAME OF FILER I.D. NUMBER FRANCES BILAK FOR CITY COUNCIL 2017 1391691 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE DATE DESCRIPTION PER ELECTION TYPE OF PAYMENT **AMOUNT THIS** MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) CALENDAR YEAR TO DATE **PERIOD** OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) NONE ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose

SUBTOTAL \$

Schedule E Payments Made	Amounts may be rounded to whole dollars.			fro	Statement covers period from01/22/2017			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Menter 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		th	rough	02/18/20	)17	Page		
FRANCES BILAK FOR CITY COUNCIL 2017							,	139169	1	
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearanc ses lating urvey resear very and me	es	RAE RFE SAL TEL TRO TRS TSF VOT	radio a returne campa t.v. or e candid staff/sp transfe	airtime and pro ed contribution lign workers' s cable airtime a ate travel, loo bouse travel, l	oduction cos ns salaries and producti dging, and m lodging, and ommittees of	on costs eals meals the same	e candidate/sponsor mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAY	MENT			AMOUNT PAID	
TRACY WILLIAMS 4250 GLENCOE AVE. MARINA DEL REY, CA 90292		РНО	CASH			et tied der der geleinste er geleinste der verwegen geben der andere			476.00	
TYLER PLEDGER 27170 BONLEE AVE. SANTA CLARITA, CA91351		PHO	CASH		di Presence de Caración de	1996-ciril de 1986 (de novi de nome communicación escor ani			756.00	
SHOHREH SONGHORIAQN 324 N. PALM DRIVE, #107 BEVERL;Y HILLS, CA 90210		PHO	CASH				er Elika (di - Mahamat arri de comunita yang a sistesia		826.00	
* Payments that are contributions or independent expenditures must also be su	ummarized on Sche	dule D.					SUBTO	OTAL \$	2,058.00	
Schedule E Summary  I. Itemized payments made this period. (Include all Schedule E	E subtotals.)							<b>S</b>	18,726.76	

2. Unitemized payments made this period of under \$100.....\$

45.00

### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA / CO
from01/22/2017	FORM 400
through 02/18/2017	Page 13 of 19
	I.D. NUMBER
	1391691

FRANCES BILAK FOR CITY COUNCIL 2017

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 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
HELEN FARZAD 151 N. ALMONT DRIVE, #103 BEVERLY HILLS, CA 90212	PHO	CASH	770.00
FARZANEH JAVAHERI 303 N. LAPEER DRIVE, #201 BEVELRY HILLS, CA 90211	PHO	CASH	882.00
CAMPAIGN LA 15518 S. BROADWAY STREET GARDENA, CA 90248	CMP	CASH	465.00
FORD PRINTING AND MAILING 1440 ARROW HIGHWAY UNIT F IRWINDALE, CA 91706	LIT	CASH	2,739.19
CHELSEA BYERS 4631 S. SLAUSON CULVER CITY, CA 90230	OFC	CASH	437.17
* Payments that are contributions or independent expenditures must also be summarized on Sch	edule D	SURTOTAL	E 000 00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule	E	
(Continua	tion	Sheet)
Payments	Mac	le

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded  to whole dollars.  Statement covers period		CALIFORNIA 460
Payments Made		from01/22/2017	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 02/18/2017	Page 14 of /9
NAME OF FILER			I.D. NUMBER
FRANCES BILAK FOR CITY COUNCIL 2017			1391691
CODES: If one of the following codes accurately doe			

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
FORD PRINTING AND MAILING 1440 ARROW HWAY UNIT F IRWINDALE, CA 90706	СМР	CASH	3,075.40
JOE I. PEREZ 13104 E. PHILIDELPHIA STREET WHITTIER, CA 90601	CMP	CASH	7,300.00
POLITICAL DATA INC. 675 PONCE DE LEON AVE., NE, #5000 NORWALK, CA 90652	WEB	CASH	1,000.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

11,375,40

				SCH	HEDULE		
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	ded	Statement cov	ers period 2/2017	CALIFORNIA 4 FORM	60	
SEE INSTRUCTIONS ON REVERSE			through02/1	8/2017	Page 15 of	<i>i</i> 9	
FRANCES BILAK FOR CITY COUNCIL 2017					I.D. NUMBER 1391691		
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  Contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	PRO professional services (legal, accounting) PRT print ads  VOT voter registration WEB information technology cost				ition costs neals d meals f the same candidate/sponsor		
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 PA THIS PERIC (ALSO REPORT (	DD BALANCE AT	CLOSE	
NONE							
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$	5 \$		\$		
<ol> <li>Schedule F Summary</li> <li>Total accrued expenses incurred this period. (Include all Scaccrued expenses of \$100 or more, plus total unitemized a</li> <li>Total accrued expenses paid this period. (Include all Schedaccrued expenses of \$100 or more, plus total unitemized p</li> </ol>	ccrued expenses under \$ dule F, Column (c) subtota	100.) als for payments on					
Net change this period. (Subtract Line 2 from Line 1. Ente on the Summary Page, Column A, Line 9.)	or the difference here and						

Schedule F	Amounts may be round	led			SC	CHEDULE F (CON	NT.)
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.		Trom	2/2017	FORM 460		)
			through	18/2017	Page16	i of 19	
NAME OF FILER					I.D. NUMBER	}	$\exists$
FRANCES BILAK FOR CITY COUNCIL 2017					1391691		
CODES: If one of the following codes accurately describes	the payment, you may	enter the code. Oth	erwise, describe t	ne payment.			
CMP campaign paraphernalia/misc.	MBR member communicatio		RAD radio airtime	and production cos	sts		
CNS campaign consultants	MTG meetings and appearar	nces	RFD returned con				
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating			rkers' salaries			
FIL candidate filing/ballot fees	PHO phone banks			irtime and product vel, lodging, and m			
FND fundraising events	POL polling and survey rese	arch		ravel, lodging, and			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and n	nessenger services		een committees of		ndidate/sponsor	
LEG legal defense	PRO professional services (I	egal, accounting)	VOT voter registra			•	
LIT campaign literature and mailings	PRT print ads		WEB information to	chnology costs (in	ternet, e-mail	1)	
* Payments that are contributions or independent expenditures must al	so be summarized on Sched	ule D.					
		(a)	(6)	(0)			

NAME AND ADDRESS OF CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DESCRIPTION OF PAYMENT

DESCRIPTION OF PAYMENT

CODE OR
DESCRIPTION OF PAYMENT

SUBTOTALS \$ \$ \$ \$

*									
Schedule G								s	CHEDULE
Payments Made by an Agent or Independen Contractor (on Behalf of This Committee)	<b>t</b> Amou	nts may be o whole dol		fror		ent covers period 01/22/2017	CALIF(		460
SEE INSTRUCTIONS ON REVERSE				thro	ough	02/18/2017	Page	17 of	19
NAME OF FILER							I.D. NUMB	ER	
FRANCES BILAK FOR CITY COUNCIL 2017							139169	1	
NAME OF AGENT OR INDEPENDENT CONTRACTOR					V				
CODES: If one of the following codes accurately describes	s the payment,	you may	enter the code	e. Otherwise,	descr	ibe the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member co					irtime and production	costs		
CTB contribution (explain nonmonetary)*	MTG meetings a OFC office expe		ices			d contributions gn workers' salaries			
CVC civic donations	PET petition circ	culating		TEL	t.v. or c	able airtime and produ	uction costs		
FIL candidate filing/ballot fees FND fundraising events	PHO phone ban POL polling and	ks Rubiov roce	arch	TRC	candida	ate travel, lodging, and	i meals		
IND independent expenditure supporting/opposing others (explain)*			arcı Tessenger service	TRS S TSF	transfe	ouse travel, lodging, a between committees	ind meals of the same i	etchihner	lenoneor
LEG legal defense		al services (l	egal, accounting)	VOT	voter re	gistration			торопоот
LIT campaign literature and mailings	PRT print ads			WEB	informa	tion technology costs	(internet, e-m	ail)	
* Payments that are contributions or independent expenditures must also be	summarized on Scl	nedule D.							
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAY	MENT		AMOU	NT PAID
NONE									***************************************
						***************************************			
			- 100000						
		0					and the second s	**************************************	
		**************************************			*************				

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> 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 H	
Schedule H Loans Made to Others*			nay be rounded ole dollars.		Statement co	vers period 2/2017	CALIFORNIA 460		
				th annual transition of the state of the sta	from		FORW		
SEE INSTRUCTIONS ON REVERSE					through02/	/18/2017	Page 18	_ of	
NAME OF FILER							I.D. NUMBER	en order of the second	
FRANCES BILAK FOR CITY COUNCIL	2017						1391691		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
NONE				☐ PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
				FORGIVEN		RATE	A. Colombia	PER ELECTION**	
		s	\$	\$	DATE DUE	\$	DATE INCURRED	s	
				☐ PAID				CALENDAR YEAR	
		and the state of t		\$	\$	%	\$	\$	
				FORGIVEN	And the second s	RATE		PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
*Loans that are contributions to another candidate of									
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$			
						(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period  (Total Column (b) plus unitemized loans	of less than \$100.)	***************************************		**************	\$		-	**If Required	
Payments received on loans  (Total Column (c) plus unitemized paym	ents of less than \$100.)	***************************************	****************	***************************************	\$			•	
3. Net change this period. ( <b>Subtract</b> Line 2 (Enter the net here and on the Summar	from Line 1.)y Page, Column A, Line 7.)	•••••••••••••••••••••••••••••••••••••••	••••••	•••••••		be a negative number)	-		

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		Statement covers period from 01/22/2017	CALIFORNIA 460
055 110551105101	WA ON DEVERSE			through 02/18/2017	Page 19 of / ()
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE	pidasitro nasadanna ili virriditri ila ancuma den e errelatorio namano menonati nadrado de la bisin di esconda si den mini de media de la condiciona del con			I.D. NUMBER
FRANCES B	ILAK FOR CITY COUNCIL 2017				1391691
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
	NONE				
Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL					L\$
Schedule I	Summary				
1. Itemized in	creases to cash this period	,		\$	·········
2. Unitemized	I increases to cash of under \$100 this period	•••••		\$	
3. Total of all i	interest received this period on loans made to other	rs. (Schedule H, Column (	e).)	\$	муни
	ellaneous increases to cash this period. (Add Lines			. TOTAL \$	