Recipient Committee Campaign Statement Cover Page			Date Stamp		COVER PAGE LIFORNIA 460 FORM
	Statement covers period from12/06/2016	Date of election if applicable: (Month, Day, Year)	RECEIVE CATY OF BEVER	TA HIII Gad	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2016	03/07/2017	ZOIT JAN 3     CITY OF FRE'S		1/31/17 bo
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	<u> </u>		
U State Candidate Election Committee U Recall (Also Complete Part 5)  ☐ General Purpose Committee U Sponsored U 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 To	ermination)	Quarterly St	atement -Year Report
	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			
STREET ADDRESS (NO P.O. BOX)		405 N. PALM DRIVE, L			
433 N. CAMDEN #500	310.570.8919	BEVERLY HILLS, CA 9	STATE 90210	ZIP CODE	AREA CODE/PHONE 424.335.5850
CITY STATE ZIP COL BEVERLY HILLS CA 90210	E AREA CODE/PHONE	NAME OF ASSISTANT TREASURE			424.000.0000
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		
I. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Communication.	g this statement and to the best of my k alifornia that the foregoing is true and o	nowledge the information contained	herein and in the attac	hed schedules i	s true and complete. I
Executed on	Ву	Signatur of reasurer or Assistant	Treasurer	***************************************	
Executed on	BySignature of Contro	Hing Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer	of Sponsor	
Executed on	Bv	gnature of Controlling Officeholder, Candidate, S			
Executed on	BySi	gnature of Controlling Officeholder, Candidate, S	tate Measure Proponent		

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM 400
Page of/ 8

5. O	fficeholder or Candidate Controlled Committee	6.	Primarily Formed Ballo	t Measure Commit	ее	
N/	ME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
F	RANCES BILAK					
Ō	FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLI	CABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Е	EVERLY HILLS CITY COUNCIL			İ		OPPOSE
RE	SIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY S	TATE ZIP				
4	33 N. CAMDEN #500 BEVERLY HILLS, CA	90210	Identify the controlling office	holder, candidate, or st	ate measure pro	pponent, if any.
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT	•	
no	elated Committees Not Included in this Statement: List and tincluded in this statement that are controlled by you or are primarily formal ntributions or make expenditures on behalf of your candidacy.	y committees ed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
CC	MMITTEE NAME I.D. NUMBER	···				
	ME OF TREASURER  CONTROLLED CO  YES  MMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	7. NO	Primarily Formed Cand officeholder(s) or candidate(s)	for which this committee	Committee Lis primarily form	ned.
-						SUPPORT OPPOSE
CIT	AND THE STATE OF T	A CODE/PHONE	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
co	MMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE S	DUGHT OR HELD	
						SUPPORT OPPOSE
NA	ME OF TREASURER CONTROLLED CO		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE SO	DUGHT OR HELD	
co	MMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	] NO				SUPPORT OPPOSE
CIT	Y STATE ZIP CODE AREA	CODE/PHONE	Attac	h continuation sheets il	necessary	

### **Campaign Disclosure Statement Summary Page**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 12/06/2016 FORM from 12/31/2016 through . I.D. NUMBER

NAME OF FILER FRANCES BILAK FOR CITY COUNCIL 2017 1391691 Column A Contributions Received Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE **General Elections** 3,217.00 3,217.00 8,805.86 1/1 through 6/30 7/1 to Date 8,805.86 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ 12.022.86 20. Contributions 12,022.86 12,072,86 Received 4. Nonmonetary Contributions..... Schedule C, Line 3 50.00 50.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 12.072.86 12,072.86 \$\_\_\_\_\_\_\$ 12,072.86 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ \_\_\_\_\_ 8,917.35 8,917.35 Candidates 7. Loans Made...... Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ \_\_\_\_\_ 22. Cumulative Expenditures Made\* 8,917.35 8,917.35 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 3,105.51 3,105.51 Date of Election Total to Date 50.00 50.00 (mm/dd/yy) 12,072.86 12,072.86 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. 12,022.86 add amounts in Column 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 A to the corresponding 0.00 \*Amounts in this section may be different from amounts amounts from Column B reported in Column B. 15. Cash Payments ...... Column A, Line 8 above 8,917.35 of your last report. Some amounts in Column A may 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ \_\_\_\_\_ 3,105,51 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_\_\_ 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...... See instructions on reverse \$ 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

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# Schedule A

Amounts may be rounded

Manatame	Contributions Descined	to	whole dollars.		SCHEDULE		
Monetary	Contributions Received			Statement co	ers period	CALL	EORNIA ACO
				from12/0	6/2016	CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE		through12/	31/2016	Page	4 of 18	
NAME OF FILER						I D AU	IA ATTEM
FRANCES	BILAK FOR CITY COUNCIL 2017					13916	JMBER 391
***************************************							
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE T		PER ELECTION

	T			13918	J 8 1	
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)
12/07/2016	JULIE GILBERG 321 S. BEDFORD DRIVE BEVERLY HILLS, CA 90212	☑IND □COM □OTH □PTY □SCC	HOME MANAGEMENT - JULIE GILBERG	50.00	50.00	50.00
12/06/2016	LEE-ANN CHRISTIAN 1143 CARDIFF AVE. LOS ANGELES, CA 90035	☑IND □COM □OTH □PTY □SCC	INSURANCE AGENT - LEE-ANN CHRISTIAN	100.00	100.00	100.00
12/07/2016	MARK ELLIOT 212 S. REEVES DRIVE BEVERLY HILLS, CA 90212	CA 90212 PTY SCC MARK ELLIOT				
12/7/2016	J. R. DZUBAK 261 S. SPALDING DRIVE BEVERLY HILLS, CA 90212	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FUNDRAISER - BGCA	450.00	450.00	450.00
12/10/2016	REGINA RAPHAEL 2846 DEEP CANYON BEVERLY HILLS, CA 90210	☑ IND □ COM □ OTH □ PTY □ SCC	BUSINESS OWNER - MICKEY FINE	120.00	120.00	120.00
			SUBTOTAL \$	819.00		
Schedule A	Summary	CONTRACTOR OF THE STATE OF THE			*Contributor Co	odes
(Include all	eived this period – itemized monetary contributions. Schedule A subtotals.)		IND – Individua COM – Recipie (other t	IND – Individual COM – Recipient Committee (other than PTY or SCC)		
	eived this period – unitemized monetary contribution	0	PTY - Political	e.g., business entity) Party		
3. Iotal monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.	)TOTAL \$	3,217.00	SCC - Small C	Contributor Committee

#### **Schedule A (Continuation Sheet)** Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

			The second secon	from12/06	5/2016	F	ORM TOO		
NAME OF FILER				through12/3	1/2016	Page .	5 of 18		
	BILAK FOR CITY COUNCIL 2017					1.D. NU			
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)		
12/12/2016	ROBERT S. ANDERSON 604 N. ARDEN DRIVE BEVERLY HILLS, CA 90210	☑IND □COM □OTH □PTY □SCC	RETIRED .	99.00	99.00		99.00		99.00
12/12/2016	JEANNE ANDERSON 604 N. ARDEN DRIVE BEVERLY HILLS, CA 90210	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	99.00	99.00		99.00		99.00
12/13/2016	GREGG MARTIN 1245 COLDWATER CANYON BEVERLY HILLS, CA 90210	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY - GREGG MARTIN	450.00	450.00		450.00		
12/13/2016	LISA MARTIN 1245 COLDWATER CANYON BEVERLY HILLS, CA 90210	☑IND ☐COM ☐OTH ☐PTY ☐SCC	REAL ESTATE AGENT - DOUGLAS ELLMAN REAL ESTATE	450.00	450.0	00	450.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							

SUBTOTAL \$

1,098.00

\*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

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole ac	oliars.	Statement cov	ers period	CALIFORNIA 460	
				from12/06	5/2016	FO	40U
				through12/3	1/2016	Page	6 of 18
NAME OF FILER		79-0416-0418-0-0-04161899955599-0-4199950-4199950-1-119950-1-119950-1-119950-1-119950-1-119950-1-119950-1-1199		00-0000 (10-0000) (10-0000 (10-0000 (10-0000 (10-0000 (10-0000 (10-0000 (10-0000) (10-0000 (10-0000 (10-0000 (10-0000 (10-0000 (10-0000 (10-0000) (10-0000 (10-0000 (10-0000 (10-0000 (10-0000 (10-0000 (10-0000) (10-0000 (10-0000 (10-0000 (10-0000 (10-0000 (10-0000 (10-0000) (10-0000 (10-0000 (10-0000 (10-0000 (10-0000 (10-0000 (10-0000	The Commission of the Commissi	I.D. NUN	MBER
FRANCES	BILAK FOR CITY COUNCIL 2017				1	139169	91
DATE	THE MANY STREET ADDRESS AND 210 CODE OF CONTRIDUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION

						· .
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)
12/17/2016	EDWARD MAREK JR. 1608 BRENTFORD AVE. WESTLAKE VILLAGE, CA 91361	☑IND □COM □OTH □PTY □SCC	MANAGER - WEST BAY, LLC	450.00	450.00	450.00
12/17/2016	JACQUES WERTHEIMER 606 N. ELM DRIVE BEVERLY HILLS, CA 90210	☑IND □COM □OTH □PTY □SCC	INSURANCE BROKER - JULES BELKIN AGENCY	450.00	450.00	450.00
12/29/2016	DAVID TRENT 2810 HADDINGTON AVE. LOS ANGELES, CA 90064	☑IND □COM □OTH □PTY □SCC	WEALTH ADVISOR - UBS	250.00	250.00	250.00
12/29/2016	DON WYSE 2973 HUTTON DRIVE BEVERLY HILLS, CA 90210	☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FINANCE - UBS	150.00	150.00	150.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
parameter and a second			SUBTOTAL \$	1,300.00		

\*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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	Δm	ounts may be rou	ınded				SCHEDULE B - PART 1			
Schedule B – Part 1	,	to whole dollars			Statement cov	ers period	CALIFORN	<sup>IA</sup> 460		
Loans Received					from12/06	6/2016	FORM	··· 4:00		
								•		
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2016	Page 7	of <u>/8</u>		
NAME OF FILER							I.D. NUMBER	***************************************		
FRANCES BILAK FOR CITY COUNCIL 2	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 PAIL OR FORGIVE THIS PERIOE	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
FRANCES BILAK 433 N. CAMDEN BEVERLY HILLS, CA 90210	ATTORNEY - FRANCES BILAK			paid  \$ 0 FORGIVEN	\$ 8,805.86	O_%	\$O	\$ 8,805.86 PER ELECTION**		
<sup>†</sup> ☑IND □ COM □ OTH □ PTY □ SCC		\$0.00	s 8,805.86	s <u>0</u>	3/15/2017 DATE DUE	s0	12/29/16 DATE INCURRED	\$ 8,805.86		
				PAID  \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION **		
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
				PAID  \$  FORGIVEN	s	% RATE	\$	\$PER ELECTION**		
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
		SUBTOTALS \$	ę	}	\$	\$				
Schedule B Summary			***************************************		All de la constant de	(Enter (e) on Schedule E, Line 3)				
Loans received this period  (Total Column (b) plus unitemized loar		***************************************	****************	\$	8,805.86	-				
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	00 paid or forgiven.)			\$	0	0	TH – Óther (e.g., l	PTY or SCC) pusiness entity)		
<ol> <li>Net change this period. (Subtract Lin Enter the net here and on the Summa</li> </ol>	e 2 from Line 1.)ry Page, Column A, Line 2.		••••••		8,805.86 lay be a negative number)		TY – Political Party CC – Small Contri			

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

\*\* If required.

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.	lars. Statemen			nent covers period CALIFOR FORM		
SEE INSTRUCTIONS ON REVERSE				through _	12/31/2016	Page	3 of 18	
IAME OF FILER FRANCES BILAK FOR CITY COUNCIL 2017				The state of the s	manufacturation and the second and t	I.D. NUMBE 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		LENDER			\$CALENDAR YEAR		
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER			CALENDAR YEAR		
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	^	
			LENDER			\$ CALENDAR YEAR		
	□IND □COM □OTH □PTY		DATE	**************************************		PER ELECTION (IF REQUIRED)		
	□scc					\$		
			SUBT	TOTAL \$		Summary Page, Line 17 only.		

Schedule C			Amounts may be rounded to whole dollars.						SCHEDULE	
Nonmo	netary Contributions Received		to whole dollars.		Sta	tement covers			ORNIA 160	
					from _	12/06/20	16	FO	RM TOO	
SEE INSTRUC	TIONS ON REVERSE				throug	h 12/31/2	016	Page	9 of 18	
NAME OF FILE	R	***************************************		***************************************	***************************************	<del></del>	***************************************	I.D. NUM	BER	
FRANCE	S BILAK FOR CITY COUNCIL 2017							139169	)1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICE		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
12/8/2016	LIZ EBRAHIMIAN 1315 CARLA LANE BEVERLY HILLS	☑IND □COM □OTH □PTY □SCC	ATTORNEY - LIZ EBRAHIMIAN	COFFEE, COFFEE CAKE AND FRUIT		50.00		50.00	50.00	
		□IND □COM □OTH □PTY □SCC								
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	litional information on appropriately labeled	continuation :	sheets.	SUBTOT	TAL\$	50.00				
Schedule	e C Summary				***************************************		<u></u>			
1. Amount	received this period – itemized nonmonetar all Schedule C subtotals.)				\$	50.00	IND -	•	it Committee	
2. Amount	2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$					0		(other than PTY or SCC) OTH – Other (e.g., business entity)		
3. Total nor	B. Total nonmonetary contributions received this period.							– Political F – Small Co	arty ntributor Committee	

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ \_

FPPC Form 460 (Jan/2016)

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50.00

Supporti Candidat	e D y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may be to whole do		27 7111	ers period 6/2016 81/2016	CALIFORNIA 460 FORM of 18		
NAME OF FILER	S BILAK FOR CITY COUNCIL 2017			49/Magamara wa mananini da manga masa 166 da kata indaka ta chining kacamba qilang karaya nga mga magama		I.D. NUME 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	CUMULATIV CALENDA (JAN. 1 -	E TO DATE AR YEAR	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						
494444444444444444444444444444444444444			SUBTOTAL	\$				
1. Itemized	e <b>D Summary</b> contributions and independent expenditures made							
	tributions and independent expenditures made thi							

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may to whole d		Statement covers	016	SCHEDULE D (CONT.  CALIFORNIA 460  FORM  Page 11 of /8		
NAME OF FILER						I.D. NUM	BER	
FRANCES	BILAK FOR CITY COUNCIL 2017					139169	1	
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	CUMULATIV CALENDA (JAN. 1 - 0	R YEAR	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						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	s				

Schedule E	Amounts may be rounded to whole dollars.			Staten	nent covers period	CALIFO	schedul RNIA 46(
Payments Made				from	12/06/2016	FOR	M 400
SEE INSTRUCTIONS ON REVERSE	***************************************	MM/mm-man-m-a-m-a-m-a-m-a-m-a-m-a-m-a-m-a-m		through_	12/31/2016	Page12	
FRANCES BILAK FOR CITY COUNCIL 2017						1.D. NUMBE	R
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.  CMS campaign consultants  CONS contribution (explain nonmonetary)*  COVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LEG legal defense  LEG campaign paraphernalia/misc.  MBR member communications  MBR member communications  MBR member communications  MRD meterings and appearances  MFD office expenses  OFC office expenses  OFC office expenses  OFC petition circulating  PET petition circulating  PHO phone banks  TRC candidate travel, lodging, and meals staff/spouse travel, lodging, a					uction costs d meals and meals s of the same o	•	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	C	CODE	DR DE	SCRIPTION OF PA	YMENT		AMOUNT PAID
E-FUNDRAISING CONNECTIONS 2831 G STREET, STE. 120 SACRAMENTO, CA		OFC	CASH				111.49
CAMPAIGNLA 15518 S. BROADWAY STREET GARDENA, CA 90248		LIT	CASH	TOTAL OF THE STATE			6,864.00
RUSH IMPRINT 167 DEXTER DRIVE MONROEVILLE, PA 15146		CMP	CASH				475.98
* Payments that are contributions or independent expenditures must also be sum	nmarized on Schedule	e D.			SUI	STOTAL \$	7,451.47

Schedule E Summary

Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole do			Statement covers period from12/06/2016	SCHEDULE E (CONTINUE CALIFORNIA FORM
SEE INSTRUCTIONS ON REVERSE				through	Page
NAME OF FILER FRANCES BILAK FOR CITY COUNCIL 2017				- Uncertainte de la company	1.D. NUMBER 1391691
CODES: If one of the following codes accurately described.  CMP campaign paraphernalia/misc.  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  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, delii	nmunications d appearances ses lating urvey researc very and mes	s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, a	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FACEBOOK 1601 WILLOW ROAD MENLO PARK, CA 94025		WEB	INTERNET A	DVERTISEMENT	47.88
REVERI Y HILLS WEEKLY			NEWSDADER		

	<u> </u>		
FACEBOOK 1601 WILLOW ROAD MENLO PARK, CA 94025	WEB	INTERNET ADVERTISEMENT	47.88
BEVERLY HILLS WEEKLY 140 S. BEVERLY DRIVE, #201 BEVERLY HILLS, CA 90212	PRT	NEWSPAPER ADVERTISEMENT	1,373.00
MAILCHIMP 675 PONCE DE LEON AVE. NE ATLANTA, GA 30308	WEB	EMAIL SERVICE	45.00

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

SUBTOTAL \$

1,465.88

Schedule	e F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

WEB information technology costs (internet, e-mail)

1391691

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

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 t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration

PRT print ads

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c)  AMOUNT PAID  THIS PERIOD  (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
BEVERLY HILLS WEEKLY 140 S, BEVERLY DRIVE #201 BEVERLY HILLS, CA 90212	PRT	0	800.00	0	800.00
CRUMMITT AND ASSOCIATES 525 E. SEASIDE WAY #101 LONG BEACH, CA 90802	OFC	0	600.00	0	600.00
CAMPAIGNLA 15518 S. BROADWAY STREET GARDENA, CA 90248	СМР	0	1,705.51	0	1,705.51
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0 \$	3,105.51 \$	0 \$	3,105.51

#### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for	
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	OTALS \$3,105.51

- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

  NET \$ 3,105.51

Schedule F		
(Continuation Shee	t)	
Accrued Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Stater	nent covers period 12/06/2016	CALIFORNIA 460
from	12/00/2010	FORM FOO
through _	12/31/2016	Page 15 of 18
		I.D. NUMBER
		1391691

FRANCES BILAK FOR CITY COUNCIL 2017

NAME OF FILER

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

campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

MBR member communications

MER member communications

NED returned contributions

CVC civic donations

PET petition circulating

TEL two realty airtime and production costs

campaign varieties are returned contributions

TEL two realty airtime and production costs

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)

FND fundraising events
IND independent expenditure supporting/opposing others (explain)\*
LEG legal defense

POL polling and survey research
POS postage, delivery and messenger services
POS postage, delivery and messenger services
POS professional services (legal, accounting)
POS voter registration

TRS staff/spouse travel, lodging, and meals
transfer between committees of the same candidate/sponsor

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NONE					
	SUBTOTALS	<b>S</b>	5	\$	5

ontractor (on Behalf of This Committee)		ints may be r o whole dolla		S from thro	12/31/	016	CALIFORNIA 460 FORM of 16	
NAME OF FILER FRANCES BILAK FOR CITY COUNCIL 2017							I.D. NUMBER	**************************************
NAME OF AGENT OR INDEPENDENT CONTRACTOR				***************************************		***************************************	1391691	
CODES: If one of the following codes accurately describes	s the payment,	you may e	nter the code.	Otherwise,	describe the r	pavment.		
CMP campaign paraphernalia/misc. 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 LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MBR member of meetings at OFC office expe PET petition circ PHO phone bank POL polling and postage, de PRO professions PRT print ads	ommunications and appearance culating ks survey resea elivery and me al services (le	es rch essenger services	RAD r RFD r SAL c TEL t TRC c TRS s TSF t	adio airtime and leturned contribut campaign workers v. or cable airtime andidate travel, letaff/spouse traveransfer between coter registration information technology.	production cos ions s' salaries e and producti odging, and m l, lodging, and committees of	on costs eals meals the same cand	lidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR	DESCRIPTION	OF PAYMENT		ļ.	AMOUNT PAID
NONE								
				-				

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 I	
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement cov from12/00	vers period 6/2016	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2016	Page 17	of 18	
NAME OF FILER						**************************************	I.D. NUMBER		
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 FORGIVENES: THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
NONE				☐ PAID				CALENDAR YEAR	
TVOTVE				s	\$	***************************************	\$	s	
				FORGIVEN		RATE		PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
					\$	e <sub>4</sub>	•		
				☐ FORGIVEN	V	RATE	W meconimonal and a second	PER ELECTION**	
					Name of the Control o				
		V 4444	V	\$	DATE DUE	3	DATE INCURRED	S supplementaries of the comment of	
*Loans that are contributions to another candidate	or committee must	1							
also be summarized on Schedule D. Loans for give reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$			
						(Enter (e) on Schedule I, Line 3)			
- 1 1 1 1 t - 1 1 1 1 1 1 1 1 1 1 1 1 1									
Schedule H Summary									
Loans made this period  (Total Column (b) plus unitemized loans		***************************************	****************	****************	\$		<b>M</b>	**If Required	
Payments received on loans     (Total Column (c) plus unitemized payn		********************	********************	*************	\$			Andrew Control (Control Control Contro	
3. Net change this period. (Subtract Line 2				******	NET \$		,		
(Enter the net here and on the Summar	ry Page, Column A, Line 7.)	)			(May	/ be a negative number)			

Schedule		Amounts may be rounded		SCHEDULE	
Miscellaneous Increases to Cash		to whole dollars.		Statement covers period	CALIFORNIA 460
				from 12/06/2016	FORM TOU
SEE INSTRUCTIO	NS ON DEVERSE			through 12/31/2016	Page 18 of /
NAME OF FILER	NO ON INEVERSE	MPERSONNE CONTROL CONT		Leaves and the second s	I.D. NUMBER
FRANCES BILAK FOR CITY COUNCIL 2017					1391691
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	NONE				
A De la Maria de Carlos de Car					
and the state of t			MANAGEMENT AND THE SECOND AND AND AND AND AND AND AND AND AND A		
		-			,
		**************************************			
Attach additional information on appropriately labeled continuation sheets.					AL \$
Schedule I	Summary				
1. Itemized in	creases to cash this period.	***************************************	******************	\$	Minosidale
	d increases to cash of under \$100 this period				
	interest received this period on loans made to others. (S			\$	00044004364
	ellaneous increases to cash this period. (Add Lines 1, 2,	and 3. Enter here and	on the	TOTAL \$	