COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA 2001/02 FORM **460**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 7/1/13	11/5/13
through 9/21/13	

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] 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 5)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1353318

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Katrina Manning For City Council 2013

STREET ADDRESS (NO P.O. BOX): 2450 W. 239th St. #16

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	310-341-0357

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: ttreasurer@msn.com

Treasurer(s)

NAME OF TREASURER: Tina McKinnor

MAILING ADDRESS: 2450 W. 239th St. #16

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90501	310-245-0243

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained 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 9/26/13 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 9/26/13 (Date) By Katrina Manning (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)

Clear Cover Pg1 | Print Form

Recipient Committee Campaign Statement Cover Page — Part 2

Type or p. . in ink.

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Katrina Manning

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

Sought: Hawthorne City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
11703 Wilkie Ave.	Hawthorne,CA	90250	

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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/13 through 9/21/13

CALIFORNIA FORM 460

Page 3 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Katrina Manning For City Council 2013

I.D. NUMBER: 1353318

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 5,291.00	$ 17,736.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 5,291.00	$ 17736.00
4. Nonmonetary Contributions	Schedule C, Line 3	97.00	192.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 5,388.00	$ 17,928.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 9,184.85	$ 11,002.15
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 9,184.85	$ 11,002.15
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	102.71	102.71
10. Nonmonetary Adjustment	Schedule C, Line 3	97.00	192.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 9,384.56	$ 11,296.86

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 10,627.70
13. Cash Receipts	Column A, Line 3 above	5,291.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	9,184.85
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 6,733.85

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 102.71

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).

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	$	$

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
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 7/1/13
through 9/21/13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Katrina Manning For City Council 2013

I.D. NUMBER
1353318

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)
7/11/13	Hall For Senate 2016 3700 Wilshire Blvd., Ste. 1050B Los Angeles, CA 90010 1354418	☐IND ☑COM ☐OTH ☐PTY ☐SCC		500.00	500.00	
7/24/13	Gary Parsons 5428 W 140th St. Hawthorne, CA 90250	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Engineer Boeing	500.00	500.00	
7/25/13	Dinah Vilches 222 W Walnut Ave. El Segundo, CA 90245	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Real Estate Broker Dinah Vilches	100.00	100.00	
8/9/13	Corvette of Choice 462 E. 138th St. Los Angeles, CA 90061	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	100.00	
8/12/13	Karen Taylor 2726 Terrebonne Ave. San Dimas, CA 91773	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Consultant Karen Taylor	100.00	100.00	
			SUBTOTAL $	1,300.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4,850.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 441.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 5,291.00

*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 Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/13
through 9/21/13

CALIFORNIA FORM 460

NAME OF FILER
Katrina Manning For City Council 2013

I.D. NUMBER
1353318

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)
8/15/13	Dennis Hernandez 11048 S Ruthelen St. Los Angeles, CA 90047	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Risk Mananger City of Hawthorne	100.00	100.00	
8/15/13	Ronald Brewington 6305 S. La Brea Ave., Apt. 3 Los Angles, CA 90056	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Associate Professor Santa Monica College	100.00	100.00	
8/15/13	LA African American Women PAC 3618 Murfield Rd. Los Angeles, CA 90016 902629	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		300.00	1,050.00	
8/15/13	T & J Tire Center 13100 S. Prairie Ave., Unit B Hawthorne, CA 90250	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	
8/15/13	Celebrity Style Limousine Inc. 815 N. La Brea Ave. Inglewood, CA 90302	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	300.00	
			SUBTOTAL $	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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/13
through 9/21/13

CALIFORNIA FORM 460

NAME OF FILER
Katrina Manning For City Council 2013

I.D. NUMBER
1353318

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)
8/16/13	Tiffany Hersey 11713 Wilkie Ave. Hawthorne, CA 90250	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	College Counselor Vanguard University	100.00	100.00	
8/21/13	Gwen Moore 4201 Wilshire Blvd., Ste. 615 Los Angeles, CA 90010	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Gem Communications Group	100.00	100.00	
8/25/13	Dana Mitchell 11808 Wilkie Ave. Hawthorne, CA 90250	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Airport Dental	100.00	100.00	
9/6/13	Elizabeth Johnson 2113 W 109th St. Los Angeles, CA 90047	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	100.00	100.00	
9/11/13	Los Angeles Care Group 5042 Wilshire Blvd., Unit 364 Los Angeles, CA 90036	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		350.00	350.00	
			SUBTOTAL $	750.00		

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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 Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/13
through 9/21/13

NAME OF FILER
Katrina Manning For City Council 2013

I.D. NUMBER
1353318

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)
9/11/13	U.S. Tow, Inc. 1940 Lovelace Ave. Los Angeles, CA 90015	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.00	
9/11/13	Olivia Valentine 2519 W. 115th Pl. Hawthorne, CA 90250	☑IND ☐COM ☐OTH ☐PTY ☐SCC	City Council Member City of Hawthonre	100.00	100.00	
9/11/13	Tyron Turner 2046 W. 94th Pl. Los Angeles, CA 90047	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Director Community Coalition For Substance Abuse	700.00	700.00	
9/11/13	Doris Manning 11703 Wilkie Ave. Hawthorne, CA 90250	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired Retired	100.00	100.00	
9/11/13	Jana West 1725 Kenilworth Ave. Pasadena, CA 91103	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Councilmember John Kennedy Field Rep	100.00	100.00	
			SUBTOTAL $	1,250.00		

*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 Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/13
through 9/21/13

CALIFORNIA FORM 460

NAME OF FILER
Katrina Manning For City Council 2013

I.D. NUMBER
1353318

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)
9/11/13	Rashina Young 19202 Scobey Ave. Carson, CA 90746	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager SEIU	100.00	100.00	
9/11/13	Barbara Hendricks 11935 Cimarron Ave. Hawthorne, CA 90250	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	150.00	150.00	
9/12/13	Channing Hawkins 533 W. 64th Pl. Inglewood, CA 90302	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Gov. Relations SB721	100.00	100.00	
9/12/13	Capri Maddox 229 N. Gower St. Los Angeles, CA 90004	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Attorney LA City	200.00	200.00	
9/14/13	Patricia Thomas 11934 Freeman Ave. Hawthorne, CA 90250	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Organizer Community Coalition	100.00	100.00	
			SUBTOTAL $	650.00		

*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 C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 7/1/13
through 9/21/13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Katrina Manning For City Council 2013

I.D. NUMBER: 1353318

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 SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $**

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 0.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 97.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 97.00

*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 D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM **460**

Statement covers period
from 7/1/13
through 9/21/13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Katrina Manning For City Council 2013

I.D. NUMBER
1353318

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ 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 $		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 0.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 75.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL $** 75.00

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/13
through 9/21/13

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Katrina Manning For City Council 2013

I.D. NUMBER
1353318

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
BannerWorld.com 2700 S Broadway Los Angeles, CA 90007		Banners	235.44
Basil Kimbrew 25920 Iris Ave., Ste. 13A #312 Moreno Valley, CA 92551		Eblast	600.00
City of Hawthorne 4455 W. 126th Street Hawthorne, CA 90250	FIL		1,000.00

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

SUBTOTAL $ 1,835.44

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 8,943.35
2. Unitemized payments made this period of under $100 ..... $ 241.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 9,184.85

Schedu E (Continuation Sheet) Payments Made

Type or print . .k.
Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/13
through 9/21/13

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Katrina Manning For City Council 2013

I.D. NUMBER
1353318

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

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 communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS South Signs 3309 S. Main St. Santa Ana, CA 92707		Yard Signs	1,300.00
Crystal Pitts 300 W. Hyde Park, #23 Inglewood, CA 90302	CNS		165.00
Efrain Palomarez 12521 York Avenue, Apt. D Hawthorne, CA 90250	CNS		112.50
FD Parker & Assoc. 4431 Don Ricardo Dr., Ste. 3 Los Angeles, CA 90008		Media Development	150.00
Katrina Manning 11703 Wilkie Ave. Hawthorne, CA 90250	OFC		70.00

SUBTOTAL $ 1,797.50

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

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/13
through 9/21/13

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Katrina Manning For City Council 2013

I.D. NUMBER
1353318

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
Katrina Manning 11703 Wilkie Ave. Hawthorne, CA 90250	FND		248.78
LAX Diner 11433 Hawthorne Blvd. Hawthorne, CA 90250	FND		350.00
Method Campaign Services 4657 W. 1st St. Los Angeles, CA 90004	LIT		2,079.60
Parent Teacher Action Voter Guide 525 E. Seaside Way, Ste. 101-C Long Beach, CA 90802 1357718		Slate Mailer	450.00
Political Data Inc. 12501 Imperial Highway, Ste. 200 Norwalk, CA 90650		Voter File	1,099.77

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

SUBTOTAL $ 4,228.15

Schedule E (Continuation Sheet) Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 7/1/13 through 9/21/13

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Katrina Manning For City Council 2013

I.D. NUMBER: 1353318

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 3701W. Santa Rosalia Dr. Los Angeles, CA 90008	OFC		111.16
The McKinnor Group 4001 Inglewood Ave., Bldg. 101, Ste. 162 Redondo Beach, CA 90278	OFC		10.00
The McKinnor Group 4001 Inglewood Ave., Bldg. 101, Ste. 162 Redondo Beach, CA 90278	CNS		961.10

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

SUBTOTAL $ 1,082.26

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/13
through 9/21/13

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Katrina Manning For City Council 2013

I.D. NUMBER
1353318

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
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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 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
Katrina Manning 11703 Wilkie Ave. Hawthorne, CA 90250	OFC	0.00	102.71	0.00	102.71
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	0.00	$ 102.71	$ 0.00	$ 102.71

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.) ..... **INCURRED TOTALS $** 102.71
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0.00
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 $** 102.71 (May be a negative number)