Desirient Committee					COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CAL	FORM 460
(Government Code Sections 84200-84216.5)	Statement covers period from 01/21/2024	Date of election if applicable: (Month, Day, Year)	magness for the company of the compa		
SEE INSTRUCTIONS ON REVERSE	through02/17/2024	03/03/2024			22/2024 44
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	**************************************		
▼ Officeholder, Candidate Controlled Committee         ○ State Candidate Election Committee         ○ Recall         (Also Complete Part 5)         □ General Purpose Committee         ○ Sponsored         ○ Small Contributor Committee         ○ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	▼ Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Te     Amendment (Explain be	ermination)	☐ Quarterly Stat ☐ Special Odd- ☐ Supplemental ☐ Statement - A	Year Report
3. Committee Information	I.D. NUMBER 1461127	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Mary Wells for Beverly Hills City Council  STREET ADDRESS (NO P.O. BOX)		Yolanda Miranda MAILING ADDRESS CITY	STATE	ZIP CODE	AREA CODE/PHONE
c/o		Covina	CA	91722	(626)915-7635
	CODE AREA CODE/PHONE 1722 5	NAME OF ASSISTANT TREASUR	ER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. P.O. Box 5444	O. BOX	MAILING ADDRESS	<u>, , , , , , , , , , , , , , , , , , , </u>		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
I. Verification  I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo	wing this statement and to the best of paylong	owledge the information contained hen	ein and in the attached	d schedules is true	and complete. I certify
Executed on	By	Signature of Tredisurer or Assistant T	reasurer		
Executed on	BySignature of Cor	ntrolling Officeholder, Candidate, State Measure Prop	onent or Responsible Officer of	of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	te Measure Proponent		
Executed on	Ву	Signature of Controlling Officeholder Condidate Str	to Moscure Proposed		

			B.1	AME OF BALLOT MEASURE			
NAME OF OFFICEHOLDER OR C	ANDIDATE		N	AME OF BALLOT MEASURE			
Mary Wells			_		Lupiopioti	an I	
OFFICE SOUGHT OR HELD (INC	LUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)	В	ALLOT NO. OR LETTER	JURISDICTION	JN	SUPPORT OPPOSE
City Council Member Bev	erly Hills		_				
RESIDENTIAL/BUSINESS ADDRE		CITY STATE ZIP	- 10	dentify the controlling of	fficeholder, ca	ndidate, or state measur	e proponent, if a
	E	Beverly Hills CA 90210	1	IAME OF OFFICEHOLDER, CA	ANDIDATE, OR PF	ROPONENT	-
	41. 1. 1. 1. 455- 0	4-4					
	that are controlled by you	tatement: List any committees u or are primarily formed to receive andidacy.	0	OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME		I.D. NUMBER	-				
Mary Wells for Beverly	Hills USD						
			7. F	Primarily Formed Ca	ndidate/Offic	eholder Committee	List names of
NAME OF TREASURER		CONTROLLED COMMITTEE?		officeholder(s) or candidate	(s) for which the	is committee is primarily fo	ormed.
		YES NO	-				
				IAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D   _
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.	BOX)	r	IAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	∐ SUPPOR
P.O. Box 5444	STREET ADDRESS (NO P.O.	·	r	IAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	∐ SUPPOR
		BOX)  CODE AREA CODE/PHONE	_	IAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR HEL	SUPPOR OPPOSE
P.O. Box 5444	STATE ZIP	<u> </u>	_				D SUPPOR
P.O. Box 5444 CITY	STATE ZIP	CODE AREA CODE/PHONE	- N		R CANDIDATE		D SUPPOR OPPOSE  D SUPPOR OPPOSE  D SUPPOR
P.O. Box 5444  CITY  Beverly Hills	STATE ZIP	I.D. NUMBER  CONTROLLED COMMITTEE?	- N	IAME OF OFFICEHOLDER OR	R CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPOR OPPOSE  D SUPPOR OPPOSE  D SUPPOR OPPOSE
P.O. Box 5444  CITY  Beverly Hills  COMMITTEE NAME	STATE ZIP CA 90	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	- N	IAME OF OFFICEHOLDER OR	R CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPOR OPPOSE  D SUPPOR OPPOSE  D OPPOSE
P.O. Box 5444  CITY  Beverly Hills  COMMITTEE NAME	STATE ZIP	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	- N	IAME OF OFFICEHOLDER OR	R CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPOR OPPOSE  D SUPPOR OPPOSE  D SUPPOR OPPOSE
P.O. Box 5444  CITY  Beverly Hills  COMMITTEE NAME  NAME OF TREASURER	STATE ZIP CA 90 STREET ADDRESS (NO P.O.	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	- N	IAME OF OFFICEHOLDER OF	R CANDIDATE  R CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPOR OPPOSE  D SUPPOR OPPOSE  D SUPPOR OPPOSE

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from  $\frac{01/21/2024}{}$  CALIFORNIA FORM  $\frac{02/17/2024}{}$  Page  $\frac{3}{}$  of  $\frac{14}{}$ 

	110111			
SEE INSTRUCTIONS ON REVERSE	through02/17/2024	Page3 of14		
NAME OF FILER		I.D. NUMBER		
		1461327		

Mary Wells for Beverly Hills City Council 2024		1461127			
Contributions Received	(1	COlumn A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	e ce	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	3,605.00	\$	6,870.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		50,000.00		75,000.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	53,605.00	\$	81,870.00	20. Contributions  Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	53,605.00	\$	81,870.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	15,569.21	\$	16,543.04	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			\$	16,543.04	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		10,611.00		10,936.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	26,180.21	\$	27,479.04	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	17,794.40		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		53,605.00		mounts in Column A to the orresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fre	om Column B of your last	reported in Column B.
15. Cash Payments Column A, Line 8 above		15,569.21	С	eport. Some amounts in olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	55,830.19		gures that should be ubtracted from previous	
If this is a termination statement, Line 16 must be zero.			p	eriod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo Ca	or this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if ny).	
18. Cash Equivalents See instructions on reverse	\$	0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	85,936.00			FPPC Form 460 (Jan/2

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

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cove		CALIFORNIA 460		
CEE INCTRICTIO	DNS ON REVERSE			through _02/17/20			_4 of	14
NAME OF FILER	INS ON REVERSE					I.D. NUMB	BER	
Mary Wells	for Beverly Hills City Council 2024					1461127		
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 YE (JAN. 1 - DEC.	EAR	PER ELEC TO DAT (IF REQUII	Έ
02/07/2024	Howard Bernstein Malibu, CA 90265	IND □COM □OTH □PTY □SCC	Business Manager Citrin Cooperman	500.00	5	500.00 P20	024	\$500.0
01/30/2024	Robbie Curtis  Beverly Hills, CA 90212	☑IND □COM □OTH □PTY □SCC	Retired Retired	100.00	1	L00.00 P2	024	\$100.0
02/16/2024	Michael Di Paolo Armonk, NY 10504	⊠IND □COM □OTH □PTY □SCC	Attorney Skanska Usa Civil Inc	250.00	2	250.00 P2	024	\$250.0
02/08/2024	Monica Duggal Beverly Hills, CA 90211	⊠IND □COM □OTH □PTY □SCC	Broker Monica Duggal	500.00		500.00 P2	024	\$500.0
01/24/2024	Beverly Hills, CA 90210		Lawyer Friedman And Friedman Lawyers	200.00		200.00 P2	024	\$200.0
			SUBTOTAL	\$ 1,550.00				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. all Schedule A subtotals.) eceived this period – unitemized monetary contribution			3,550.00	IND- COM OTH PTY	(other that – Other (e. – Political P	t Committee an PTY or S .g., business arty	entity)
	netary contributions received this period.				scc	- Small Cor	ntributor Con	nmittee

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www.fppc.ca.gov

3,605.00

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA FORM

Statement covers period

from.

01/21/2024

				through 02/17/	2024	•		of14
NAME OF FILER						I.D. NU		
Mary Wells fo	r Beverly Hills City Council 2024					14611	.21	
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 . 31)	(IF I	ELECTION TO DATE REQUIRED)
01/25/2024	Robert Leevan Los Angeles, CA 90067	⊠IND □COM □OTH □PTY □SCC	Real Estate Place Properties	500.00		00.00		\$500.00
02/03/2024	Jake Manaster Beverly Hills, CA 90212	XIND □COM □OTH □PTY □SCC	Ceo Ccc-Contract Carpet Corporation	400.00		00.00		\$400.00
02/01/2024	Beverly Hills, CA 902	☑IND □COM □OTH □PTY □SCC	Retired Retired	250.00	2	50.00	P2024	\$250.00
02/03/2024	Laurie Okum Beverly Hills, CA 90212	⊠IND □COM □OTH □PTY □SCC	MFT Laurie Okum/Self Employed	250.00		250.00		\$250.00
01/29/2024	Piya Tolani Beverly Hills, CA 90210	☑IND □COM □OTH □PTY □SCC	Business Owner Fountain Capital	500.00		500.00	P2024	\$500.00
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

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

Amounts may be rounded

SCH	IEDUL	EA (	(CONT.)
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Monetary	ry Contributions Received  Amounts may be rounded to whole dollars.			Statement cove		california 46			
				through 02/17/	2024	Page	6 of 14	4	
NAME OF FILER						I.D. NUMI	BER		
Mary Wells fo	or Beverly Hills City Council 2024					146112	7		
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 C. 31)	PER ELECTION TO DATE (IF REQUIRE	ED)	
01/26/2024	Thomas Wingard Rancho Palos Verdes, CA 90275	⊠IND □COM □OTH □PTY □SCC	Attorney Alston And Bird Llp	100.00	1	100.00 P	2024 \$	3100.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			SUBTOTAL	\$ 100.00					

\*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 B – Part 1 Loans Received	Amo	ounts may be ro to whole dollar			Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through02/1	7/2024	Page	of14	
NAME OF FILER							I.D. NUMBER		
Mary Wells for Beverly Hills City Cour	agil 2024						1461127		
FULL NAME, STREET ADDRESS AND ZIP CODE  OF LENDER  (IF COMMITTEE, ALSO ENTER LD. 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 PERIOI	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Mary Wells Beverly Hills, CA 90210	Retired N/A	PERIOD		PAID  \$ 0.0  FORGIVEN		0.00 <sub>%</sub>	\$ 25,000.00	\$50,000.00 PER ELECTION*	
†∏ IND □ COM □ OTH □ PTY □ SCC		\$25,000.00	\$	\$0.0	DATE DUE	\$0.00	DATE INCURRED	\$ P2024 75,450.	
Mary Wells  Beverly Hills, CA 90210  This is a Loan	Retired N/A		50,000,00	\$O.0		0.00 % RATE	\$ 50,000.00 02/12/2024	\$	
TO IND COM OTH PTY SCC		\$	\$_50,000.00	\$0.0	DATE DUE	\$	DATE INCURRED	3	
				PAID  \$ FORGIVEN	s	RATE	\$	\$PER ELECTION*	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE		DATE INCURRED		
		SUBTOTALS	\$ 50,000.00	\$ 0.	75,000.00	0.000	0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	1		
<ol> <li>Loans received this period</li></ol>	ns of less than \$100.)						Contributor Codes  ND – Individual  OM – Recipient C	ommittee	
(Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.)			. —		c		PTY or SCC), business entity)	

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 50,000.00 (May be a negative number)

Enter the net here and on the Summary Page, Column A, Line 2. \*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

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PTY - Political Party

SCC - Small Contributor Committee

Schedule	E
<b>Payments</b>	s Made

### Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from01/21/2024	FORM TOO
through02/17/2024	Page8 of14
	I.D. NUMBER
	1461127

COLIEDIALE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Wells for Beverly Hills City Council 2024

campaign literature and mailings

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs meetings and appearances RFD returned contributions campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

MBR member communications meetings and appearances office expenses office expenses SAL campaign workers' salaries tv.v. or cable airtime and production costs

CVC civic donations

FIL candidate filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

TRS staff/spouse travel. lodging, and meals

FND fundraising events

FND independent expenditure supporting/opposing others (explain)\*

POL polling and survey research

FND independent expenditure supporting/opposing others (explain)\*

POS postage, delivery and messenger services

FOS postage, delivery and messenger services

TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

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
4 AllPromos 50 West Ave. Essex, CT 06426	CMP		587.9
Beverly Hills Courier 499 N Canon Dr Ste 400 Beverly Hills, CA 90210	PRT		2,222.0
Beverly Press Park Labrea News 8444 Wilshire Blvd., 4th Floor Beverly Hills, CA 90211	LIT	Half -Ad	1,600.0

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 4,409.97

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)

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

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

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$

15,521.22

15,521.22

15,521.22

#### Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/21/2024 02/17/2024 through\_ Page \_\_\_\_9 \_\_\_ of \_\_\_\_14 I.D. NUMBER 1461127

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Wells for Beverly Hills City Council 2024

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

PRT print ads

PRO

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\* PET CVC civic donations candidate filing/ballot fees FIL FND fundraising events POS

independent expenditure supporting/opposing others (explain)\*

LEG legal defense

campaign literature and mailings

RAD radio airtime and production costs MBR member communications RFD returned contributions MTG meetings and appearances SAL campaign workers' salaries OFC office expenses

TEL t.v. or cable airtime and production costs petition circulating TRC candidate travel, lodging, and meals PHO phone banks TRS staff/spouse travel, lodging, and meals POL polling and survey research TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF DAVE	2025	OR DECORIPTION OF PAYMENT	AMOUNT PAID
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT FAID
deverly Press Park Labrea News 1444 Wilshire Blvd., 4th Floor Beverly Hills, CA 90211	PRT		1,825.00
rian Ross Adams- Trusted Messenger Marketing	CNS		3,000.00
	OFC	Processing fee	2.75
Fundraising Connections 831 G St., Ste. 200 acramento, CA 95814		Flocessing fee	
Fundraising Connections 831 G St., Ste. 200 acramento, CA 95814	OFC	Processing fee	9.5
Fundraising Connections 831 G St., Ste. 200 acramento, CA 95814	OFC	Processing fee	23.0
	A also be automorphised as Schodula	- ei	 

professional services (legal, accounting)

SUBTOTAL \$

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

#### Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/21/2024 02/17/2024 through\_ Page 10 of 14 I.D. NUMBER 1461127

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Wells for Beverly Hills City Council 2024

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

PRT

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\* CVC civic donations candidate filing/ballot fees FIL FND fundraising events IND

independent expenditure supporting/opposing others (explain)\* LEG legal defense

campaign literature and mailings

RAD radio airtime and production costs MBR member communications RFD returned contributions MTG meetings and appearances SAL campaign workers' salaries OFC office expenses

TEL t.v. or cable airtime and production costs PET petition circulating TRC candidate travel, lodging, and meals PHO phone banks TRS staff/spouse travel, lodging, and meals polling and survey research

TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services VOT voter registration professional services (legal, accounting) print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	AMOUNT PAID	
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95814	OFC	Processing fee	23.00
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95814	OFC	Processing fee	11.79
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95814	OFC	Processing fee	18.50
			**
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95814	OFC	Processing fee	10.00
			34.7
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95814	OFC	Processing fee	34.7

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

SUBTOTAL \$

98.00

#### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460
from01/21/2024	FORM TOO
through 02/17/2024	Page11 of14
2	I.D. NUMBER
	1461127

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Wells for Beverly Hills City Council 2024

CODES: If one of the following codes accurately describ	pes 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
		VOT value registration

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
eFundraising Connecti 2831 G St., Ste. 200 Sacramento, CA 95814	ons	OFC	Processin	ng fee	23.00
Mailchimp 405 N Angier Ave NE Atlanta, GA 30308		WEB			230.00
Netfile 2707 Aurora Rd. Mariposa, CA 95338		PRO			275.0
		LIT			5,625.0
The Walking Man, Inc. 801 E. 6th Street Los Angeles, CA 90021					3,025.0

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

SUBTOTAL \$

6,153.00

#### Schedule F **Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/21/2024 through \_\_02/17/2024 Page 12 of 14 I.D. NUMBER 1461127

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Wells for Beverly Hills City Council 2024

CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services ( PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse trave TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries time and production cost el, lodging, and meals avel, lodging, and meals en committees of the sa	me 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

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
Press Print, Inc. 5085 Mission Hills Dr. Banning, CA 92220-	LIT	0.00	2,475.00	0.00	2,475.00
Jose Ugarte Huntington Park, CA 90255	Consulting and reimbursement for advertising	0.00	7,836.00	0.00	7,836.00
Mary Wells Beverly Hills, CA 90210	FIL	25.00	0.00	0.00	25.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	25.00	10,311.00	0.00	10,336.00

#### **Schedule F Summary**

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 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.)

#### Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/21/2024 from through \_\_02/17/2024 Page 13 of 14 I.D. NUMBER 1461127

NAME OF FILER

Mary Wells for Beverly Hills City Council 2024

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

independent expenditure supporting/opposing others (explain)\* LEG legal defense

campaign literature and mailings Ш

MBR member communications

MTG meetings and appearances OFC office expenses

petition circulating PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services 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

transfer between committees of the same candidate/sponsor

VOT voter registration

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
Yolanda Miranda & Assoc. Covina, CA 91722	PRO	300.00	0.00	0.00	300.00
Yolanda Miranda & Assoc. Covina, CA 91722	PRO	0.00	300.00	0.00	300.00
	SUBTOTALS	\$ 300.00	\$ 300.00	\$ 0.00	\$ 600.00

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

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 460
from01/21/2024	FORM 400
through 02/17/2024	Page14 of14
	I.D. NUMBER
	1461127

WEB information technology costs (internet, e-mail)

COLUEDIUS

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Wells for Beverly Hills City Council 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

Jose Ugarte

COI	DES: If one of the following codes accurately describe	es the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense		professional services (legal, accounting)		voter registration

PRT print ads

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

609.00
609.00
609.00
609.00
_

<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.

Attach additional information on appropriately labeled continuation sheets.

2,436.00

TOTAL\* \$