### Recipient Committee Campaign Statement Cover Page

**Statement covers period**: from October 23, 2022, through December 31, 2022

**Date of election if applicable**: 11/8/2022

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

- [x] Officeholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [x] 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)
- [x] Primarily Formed Candidate/Officeholder Committee
  - (Also Complete Part 7)

**Type of Statement**: 2. Preelection Statement
- [ ] Semi-annual Statement
- [x] Termination Statement
  - (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

**Committee Information**

- **Treasurer(s)**
  - NAME OF TREASURER: Marc Bakerman
  - MAILING ADDRESS: [redacted]
  - CITY: [redacted]
  - STATE: [redacted]
  - ZIP CODE: [redacted]
  - AREA CODE/PHONE: 8188089336

**Committee Name (or Candidate's Name if no Committee)**:

Friends of Marc Bakerman for Westlake Village City Council 2022

**STREET ADDRESS (NO P.O. BOX)**: [redacted]

**CITY**: [redacted]

**STATE**: [redacted]

**ZIP CODE**: [redacted]

**MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX**: [redacted]

**CITY**: [redacted]

**STATE**: [redacted]

**ZIP CODE**: [redacted]

**AREA CODE/PHONE**: [redacted]

**Optional: FAX / E-MAIL ADDRESS**

**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**: 12/31/2022

**By**: [redacted]

**Signature of Controlling Officeholder, Candidate, State Measure Proponent**

**Executed on**: 12/31/2022

**By**: [redacted]

**Signature of Responsible Officer of Sponsor**

**Executed on**: 12/31/2022

**By**: [redacted]

**Signature of Controlling Officeholder, Candidate, State Measure Proponent**

**Executed on**: 12/31/2022

**By**: [redacted]

**Signature of Controlling Officeholder, Candidate, State Measure Proponent**

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**FPCC Form 460 (Jan/2016)**

FPCC Advice: advice@fpcc.ca.gov (866/275-3772)

www.fpcc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Marc Bakerman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Westlake Village City Council

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

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NAME OF TREASURER  CONTROLLED COMMITTEE?

| 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monetary Contributions</td>
<td>$500.00</td>
<td>$3234.00</td>
</tr>
<tr>
<td>2</td>
<td>Loans Received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$500.00</td>
<td>$3234.00</td>
</tr>
<tr>
<td>4</td>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$500.00</td>
<td>$3234.00</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Payments Made</td>
<td>$887.86</td>
<td>$3347.30</td>
</tr>
<tr>
<td>7</td>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$887.86</td>
<td>$3347.30</td>
</tr>
<tr>
<td>9</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>$887.86</td>
<td>$3347.30</td>
</tr>
</tbody>
</table>

Current Cash Statement

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Beginning Cash Balance</td>
<td>$274.56</td>
</tr>
<tr>
<td>13</td>
<td>Cash Receipts</td>
<td>$500.00</td>
</tr>
<tr>
<td>14</td>
<td>Miscellaneous Increases to Cash</td>
<td>$113.30</td>
</tr>
<tr>
<td>15</td>
<td>Cash Payments</td>
<td>$887.86</td>
</tr>
<tr>
<td>16</td>
<td>ENDING CASH BALANCE</td>
<td>If this is a termination statement, Line 16 must be zero.</td>
</tr>
</tbody>
</table>

Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>LOAN GUARANTEES RECEIVED</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>Cash Equivalents</td>
<td>0</td>
</tr>
<tr>
<td>19</td>
<td>Outstanding Debts</td>
<td>0</td>
</tr>
</tbody>
</table>
**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................. $500.00

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

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................. TOTAL $500.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from October 23, 2022
through December 31, 2022

Friends of Marc Bakerman for Westlake Village City Council 2022

I.D. NUMBER
1451909

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 (contribute 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health for Everyone 501c3 - EIN:30-0438969</td>
<td></td>
<td>Civic Donation</td>
<td>887.86</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 887.86

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 887.86
2. Unitemized payments made this period of under $100 .................................................................................. $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 887.86

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