Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 10/23/22
through 12/31/22

Date of election if applicable:
(Month, Day, Year)
11/8/22

1. Type of Recipient Committee:  All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate, or Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored
   - [ ] General Purpose Committee
   - [ ] Primarily Formed Candidate Officeholder Committee
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee

2. Type of Statement:
   - [ ] Preulection Statement
   - [ ] Semi-Annual Statement
   - [ ] Special Odd-Year Report
   - [X] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Brad Halpern for WLV City Council 2022
   L.D. NUMBER
   1451421
   STREET ADDRESS (NO PO. BOX)
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   NAME OF TREASURER
   Robyn Halpern
   MAILING ADDRESS
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   818-292-1203
   NAME OF ASSISTANT TREASURER, IF ANY
   Brad Halpern
   MAILING ADDRESS
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   818-292-6080
   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 12/29/22
   Date
   Executed on 12/29/22
   Date
   Executed on 12/29/22
   Date
   Executed on 12/29/22
   Date
   By
   Responsible Officer of Sponsor
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
BRAD HALPERN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
COUNCILMEMBER, CITY OF WESTLAKE VILLAGE

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.

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

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROVENT

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

BRAD HALPERN COUNCILMEMBER

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Schedule</th>
<th>Column A (This Period)</th>
<th>Column B (Calendar Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monetary Contributions</td>
<td>Line 3</td>
<td>$1300.00</td>
<td>$6200.00</td>
</tr>
<tr>
<td>2</td>
<td>Loans Received</td>
<td>Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$1300.00</td>
<td>$6200.00</td>
</tr>
<tr>
<td>4</td>
<td>Nonmonetary Contributions</td>
<td>Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$1300.00</td>
<td>$6200.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Schedule</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Payments Made</td>
<td>Line 4</td>
<td>$2225.03</td>
<td>$6200.00</td>
</tr>
<tr>
<td>7</td>
<td>Loans Made</td>
<td>Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$2225.03</td>
<td>$6200.00</td>
</tr>
<tr>
<td>9</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Nonmonetary Adjustment</td>
<td>Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$2225.03</td>
<td>$6200.00</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Schedule</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Beginning Cash Balance</td>
<td>Line 16</td>
<td>$925.03</td>
</tr>
<tr>
<td>13</td>
<td>Cash Receipts</td>
<td>Line 3</td>
<td>$1300.00</td>
</tr>
<tr>
<td>14</td>
<td>Miscellaneous Increases to Cash</td>
<td>Line 4</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Cash Payments</td>
<td>Line 8</td>
<td>$2225.03</td>
</tr>
<tr>
<td>16</td>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

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).

## Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made**

   (if Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.*
## Schedule A
### Monetary Contributions Received

**NAME OF FILER**
BRAD HALPERN

**I.D. NUMBER**
1451421

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/26/22</td>
<td>SAMI AYED</td>
<td>□ IND</td>
<td>Golden Developments LLC</td>
<td>800.00</td>
<td>800.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/3/22</td>
<td>EDISON INTERNATIONAL</td>
<td>□ IND</td>
<td></td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 1300.00**

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) ................................................. $ 1300.00

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 $ 1300.00
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/22 through 12/31/22

NAME OF FILER
BRAD HALPERN

I.D. NUMBER
1451421

SCHEDULE E
CALIFORNIA FORM 460
Page 5 of 6

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)

<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>ACORN NEWSPAPERS</td>
<td>PRT</td>
<td>2 PRINT ADS</td>
<td>1320.00</td>
</tr>
<tr>
<td>MICHAEL LANG DESIGNS</td>
<td>CMP</td>
<td>GRAPHIC DESIGN</td>
<td>470.00</td>
</tr>
<tr>
<td>CITY OF WESTLAKE VILLAGE</td>
<td>FIL</td>
<td>FILING FEE</td>
<td>130.00</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 1920.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 2125.03
2. Unitemized payments made this period of under $100 $ 100.00
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 $ 2225.03

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule E
(Continuation Sheet)
Payments Made

**NAME OF FILER**
BRAD HALPERN

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/spONSor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

<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>YARROW FAMILY YMCA</td>
<td>CVC</td>
<td>DONATION WITH REMAINING FUNDS:</td>
<td>205.03</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 205.03