

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

RECEIVED BY
LOS ANGELES COUNTY

Date Stamp

2024 SEP 26 PM 3:57

PROPOSITION B UNIT

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Page 1 of 31

For Official Use Only

Statement covers period from <u>7/1/2024</u> through <u>9/21/2024</u>	Date of election if applicable: (Month, Day, Year) <u>11/5/2024</u>	
		PROPOSITION B UNIT
Page 1 of 31 For Official Use Only		

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

<input type="checkbox"/> Officeholder, Candidate Controlled Committee	<input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled	<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Recall (Also Complete Part 5)	<input checked="" type="checkbox"/> Sponsored (Also Complete Part 6)	<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	<input type="checkbox"/> Amendment (Explain below)
<input type="checkbox"/> Sponsored		
<input type="checkbox"/> Small Contributor Committee		
<input type="checkbox"/> Political Party/Central Committee		

3. Committee Information

I.D. NUMBER
1463510

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

STREET ADDRESS (NO P.O. BOX)

CITY Los Angeles STATE CA ZIP CODE 90017 AREA CODE/PHONE (213) 452-6565

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS

pcdfilings@kaufmanlegalgroup.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury, that the foregoing is true and complete. I certify

information contained herein and in the attached schedules is true and complete. I certify

Executed on 9/26/2024 By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE _____

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF PROponent

Executed on _____ DATE _____

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE _____

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 460 (Jan/2016)

FPPC Advice:

advice@fppc.ca.gov

(866/275-3772)

www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page-Part 2

COVER PAGE-PART 2

CALIFORNIA **460**
FORM

Page 2 of 31

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

Los Angeles County Homelessness Prevention, Reduction and Accountability Initiative

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT
A	County of Los Angeles	<input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement

Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM 460
Page 3 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

Statement covers period
from 7/1/2024
through 9/21/2024

Contributions Received

		Column A Total This Period (FROM ATTACHED SCHEDULES)	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	\$1,310,200.00	\$4,009,955.97	1/1 through 6/30 7/1 to Date
2. Loans Received.....	Schedule B, Line 3	\$0.00	\$380,000.00	
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1+2	\$1,310,200.00	\$4,389,955.97	
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$13,570.00	\$918,570.00	
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$1,323,770.00	\$5,308,525.97	

Expenditures Made

		Column A	Column B	Expenditure Limit Summary for State Candidates
6. Payments Made.....	Schedule E, Line 4	\$553,915.50	\$3,003,044.57	
7. Loans Made.....	Schedule H, Line 3	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$553,915.50	\$3,003,044.57	
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	-\$20,447.41	\$0.00	
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$13,570.00	\$918,570.00	
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 +9 + 10	\$547,038.09	\$3,921,614.57	

Current Cash Statement

		Column A	Column B	Expenditure Limit Summary for State Candidates
12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$61,817.00		
13. Cash Receipts.....	Column A, Line 3 above	\$1,310,200.00		
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$0.00		
15. Cash Payments.....	Column A, Line 8 above	\$553,915.50		
16. ENDING CASH BALANCE..	Add Lines 12+13+14, then subtract Line 15	\$818,101.50		

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

		Column A	Column B	Expenditure Limit Summary for State Candidates
17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$0.00		

Cash Equivalents and Outstanding Debts

		Column A	Column B	Expenditure Limit Summary for State Candidates
18. Cash Equivalents.....	See instructions on reverse	\$0.00		
19. Outstanding Debts.....	Add Line 2+Line 9 in Column B above	\$380,000.00		

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).

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

Schedule A

Monetary Contributions Received

. Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 7/1/2024
through 9/21/2024

CALIFORNIA FORM 460
Page 4 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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)
09/17/2024	Abbey Road Inc. North Hills, CA 91343-5117	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
09/17/2024	American Federation of State, County & Municipal Employees Local No. 685 Political Action Committee Vernon, CA 90058-3914 ID: 744558	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$15,000.00	\$15,000.00	
09/09/2024	ASM Global Long Beach, CA 90802-4825	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$50,000.00	
09/19/2024	Centene Management Company LLC (Allison Barnett) Sacramento, CA 95814-3765	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	

SUBTOTAL \$95,000.00

Schedule A Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.)..... \$1,310,100.00
- Amount received this period -unitemized monetary contributions of less than \$100..... \$100.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... TOTAL \$1,310,200.00

*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

Monetary Contributions Received

. Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 7/1/2024
through 9/21/2024

CALIFORNIA FORM 460
Page 5 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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)
07/31/2024	Corp For Supportive Housing Los Angeles, CA 90017-2641	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
09/17/2024	Craig Lawson & Co. LLC (Craig Lawson) Los Angeles, CA 90034-3298	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
09/13/2024	CRC Services LLC (Francisco J. Leon) Long Beach, CA 90831-1500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$50,000.00	
09/10/2024	Downtown Women's Center Los Angeles Los Angeles, CA 90013-2132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$10,000.00	

SUBTOTAL \$81,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$1,310,100.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... TOTAL \$1,310,200.00

*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

Monetary Contributions Received

. Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 7/1/2024
through 9/21/2024

CALIFORNIA **460**
FORM
Page 6 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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)
09/09/2024	Dora Gallo Torrance, CA 90503-1313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nonprofit Executive A Community of Friends	\$3,000.00	\$3,000.00	
	*** TYPE: Intermediary *** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
07/01/2024	Liberty Hill Foundation Los Angeles, CA 90017-2415	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$175,000.01	
09/17/2024	Liberty Hill Foundation Los Angeles, CA 90017-2415	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00	\$175,000.01	

SUBTOTAL \$153,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$1,310,100.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... TOTAL \$1,310,200.00

*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

Monetary Contributions Received

. Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 7/1/2024
through 9/21/2024

CALIFORNIA FORM 460
Page 7 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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)
08/02/2024	Linc Housing Long Beach, CA 90807-3903	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00	\$20,000.00	
09/20/2024	Linc Housing Long Beach, CA 90807-3903	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$20,000.00	
07/01/2024	Dora Martinez Ontario, CA 91764-6559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Webb Family Enterprises	\$5,000.00	\$5,000.00	
	*** TYPE: Intermediary *** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$25,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$1,310,100.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... TOTAL \$1,310,200.00

*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

Monetary Contributions Received

. Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 7/1/2024
through 9/21/2024

CALIFORNIA FORM 460
Page 8 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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)
09/12/2024	Brian McCullom Los Angeles, CA 90029-2970	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Analyst LA County Department of Health Services	\$500.00	\$500.00	
	*** TYPE: Intermediary *** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
09/11/2024	Mercy Housing Inc. Denver, CO 80202-4929	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$50,000.00	
09/20/2024	Merritt Community Capital Corporation Oakland, CA 94612-3664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	

SUBTOTAL \$75,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$1,310,100.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... TOTAL \$1,310,200.00

*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

Monetary Contributions Received

. Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 7/1/2024
through 9/21/2024

CALIFORNIA FORM 460
Page 9 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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)
07/29/2024	Opportunity Beach Fund - Mayor Rex Richardson Ballot Measure Committee Los Angeles, CA 90017-5864 ID: 1417295	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00	\$100,000.00	
08/30/2024	PATH Ventures Los Angeles, CA 90004-3504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
07/01/2024	Jeffrey Ring Glendale, CA 91202-2045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Jeffrey Ring	\$500.00	\$500.00	
	*** TYPE: Intermediary *** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$110,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$1,310,100.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... TOTAL \$1,310,200.00

*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

Monetary Contributions Received

. Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

Statement covers period
from 7/1/2024
through 9/21/2024

CALIFORNIA FORM 460
Page 10 of 31

I.D. NUMBER
1463510

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)
09/05/2024	Sasha Rosen San Pedro, CA 90732-4616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant The Outreach Team	\$100.00	\$100.00	
	*** TYPE: Intermediary *** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
09/06/2024	SEIU Local 2015 Issues PAC, Sponsored by Service Employee International Unions Los Angeles, CA 90057-1012 ID: 1378400	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300,000.00	\$350,000.00	
09/20/2024	Sempra Energy San Diego, CA 92101-7123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	

SUBTOTAL \$325,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$1,310,100.002. Amount received this period -unitemized monetary contributions of less than \$100..... \$100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$1,310,200.00

*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

Monetary Contributions Received

. Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 7/1/2024
through 9/21/2024

CALIFORNIA **460**
FORM
Page 11 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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)
09/17/2024	Service Employees International Union Local 721 Washington, DC 20036-1806 ID: 891044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300,000.00	\$355,000.00	
09/20/2024	The Chrysalis Center Los Angeles, CA 90013-1422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
08/15/2024	Union Station Homeless Services Pasadena, CA 91104-4554	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$50,000.00	
09/18/2024	United Way Greater Los Angeles Los Angeles, CA 90015-2211	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00	\$848,570.00	

SUBTOTAL \$430,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$1,310,100.002. Amount received this period -unitemized monetary contributions of less than \$100..... \$100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$1,310,200.00

*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

Monetary Contributions Received

. Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 7/1/2024
through 9/21/2024

CALIFORNIA FORM 460
Page 12 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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)
09/05/2024	Venice Community Housing Venice, CA 90291-2810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$15,000.00	
08/29/2024	Renee Wilson Los Angeles, CA 90068-2501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Dake Wilson Architects	\$10,000.00	\$10,000.00	

SUBTOTAL \$15,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$1,310,100.002. Amount received this period -unitemized monetary contributions of less than \$100..... \$100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... TOTAL \$1,310,200.00

*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

SEE INSTRUCTIONS ON REVERSE

. Amounts may be rounded
to whole dollars.

SCHEDULE B-PART 1

Statement covers period	
from	7/1/2024
through	9/21/2024
Page	13 of 31

CALIFORNIA FORM 460
NAME OF FILER
 Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates
I.D. NUMBER
1463510

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
United Way Greater Los Angeles Los Angeles, CA 90015-2211		\$380,000. 00	\$0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$380,000. 00	0 RATE \$0.00 02/16/2024	\$380,000. 00	CALENDAR YEAR \$848,570.00 PER ELECTION
<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								

SUBTOTALS	\$0.00	\$0.00	\$380,000. 00	\$0.00
-----------	--------	--------	------------------	--------

Schedule B Summary

1. Loans received this period.....	\$0.00
(Total Column(b) plus unitemized loans of less than \$100.)	
2. Loans paid or forgiven this period.....	\$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	

3. Net change this period. (Subtract Line 2 from Line 1.)..... NET \$0.00

Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E,
Line 3)

*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

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

Schedule C

Nonmonetary Contributions Received

. Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460	
from	7/1/2024	Page	14 of 31
through	9/21/2024		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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)
09/20/2024	United Way Greater Los Angeles Los Angeles, CA 90015-2211	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time	\$13,570. 00	\$848,570.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$13,570.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$13,570.00

2. Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00

3. Total nonmonetary contributions received this period.

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

\$13,570.00

*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

FPPC Form 460 (Jan/2016)

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

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM 460

Page 15 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

Statement covers period
from 7/1/2024
through 9/21/2024

I.D. NUMBER
1463510

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

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
Actblue Somerville, MA 02144-3132	OFC		\$185.23
Actblue Somerville, MA 02144-3132	OFC		\$18.73
Actblue Somerville, MA 02144-3132	OFC		\$370.23

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

SUBTOTAL \$574.19

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460	
from <u>7/1/2024</u>	Page <u>16</u>	of <u>31</u>
through <u>9/21/2024</u>		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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	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
Actblue Somerville, MA 02144-3132	OFC		\$2.08
Actblue Somerville, MA 02144-3132	OFC		\$3.93
Actblue Somerville, MA 02144-3132	OFC		\$111.23

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

SUBTOTAL \$117.24

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460	
from <u>7/1/2024</u>	Page <u>17</u>	of <u>31</u>
through <u>9/21/2024</u>		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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	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
Actblue Somerville, MA 02144-3132	OFC		\$2.08
Actblue Somerville, MA 02144-3132	OFC		\$18.73
Avila Team LLC West Covina, CA 91790-2087	CNS		\$10,000.00

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

SUBTOTAL \$10,020.81

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM 460

Page 18 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

Statement covers period
from 7/1/2024
through 9/21/2024

I.D. NUMBER
1463510

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

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
Barkan Strategies, Inc Pasadena, CA 91107-3976	CNS		\$8,350.00
Barkan Strategies, Inc Pasadena, CA 91107-3976	CNS		\$8,350.00
Barkan Strategies, Inc Pasadena, CA 91107-3976	CNS		\$8,350.00

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

SUBTOTAL \$25,050.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM 460

Page 19 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

Statement covers period
from 7/1/2024
through 9/21/2024

I.D. NUMBER
1463510

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

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
Barkan Strategies, Inc Pasadena, CA 91107-3976	CNS		\$8,350.00
Budget Watchdoas Newsletter Torrance, CA 90505-2500		Slate Mailer	\$55,000.00
Cal Voter Torrance, CA 90505-2500		Slate Mailer	\$20,825.00

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

SUBTOTAL \$84,175.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

Page 20 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

Statement covers period
from 7/1/2024
through 9/21/2024

I.D. NUMBER
1463510

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

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
David Binder Research San Francisco, CA 94102-5975	CNS		\$32,500.00
Digital Tractor Graphic Design Sacramento, CA 95818-4303	LIT		\$924.80
Election Digest Torrance, CA 90505-2500		Slate Mailer	\$27,875.00

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

SUBTOTAL \$61,299.80

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA FORM 460

Page 21 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

Statement covers period
from 7/1/2024
through 9/21/2024

I.D. NUMBER
1463510

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

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
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO		\$8,113.50
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC		\$102.60
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO		\$12,094.00

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

SUBTOTAL \$20,310.10

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	<u>\$553,915.50</u>
2. Unitemized payments made this period of under \$100.....	<u>\$0.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	<u>\$0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL <u>\$553,915.50</u>

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM 460

Page 22 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

Statement covers period
from 7/1/2024
through 9/21/2024

I.D. NUMBER
1463510

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

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
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC		\$137.31
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO		\$5,726.00
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC		\$657.44

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

SUBTOTAL \$6,520.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460	
from <u>7/1/2024</u>	Page <u>23</u>	of <u>31</u>
through <u>9/21/2024</u>		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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	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
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO		\$12,101.50
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC		\$104.20
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO		\$6,424.50

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

SUBTOTAL \$18,630.20

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

Page 24 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

Statement covers period
from 7/1/2024
through 9/21/2024

I.D. NUMBER
1463510

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

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
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC		\$118.90
Meeno Inc. Los Angeles, CA 90031-2830	CNS		\$4,000.00
NM Marketing Palmdale, CA 93552-4743	LIT		\$33,085.50

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

SUBTOTAL \$37,204.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM 460

Page 25 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

Statement covers period
from 7/1/2024
through 9/21/2024

I.D. NUMBER
1463510

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

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
NM Marketing Palmdale, CA 93552-4743	POS		\$150,263.62
Senior Advocate Torrance, CA 90505-2500		Slate Mailer	\$21,750.00
The Outreach Team Ithaca, NY 14850-6701	LIT		\$16,922.45

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

SUBTOTAL \$188,936.07

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM 460

Page 26 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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

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
The Outreach Team Ithaca, NY 14850-6701			Field Program Expenses	\$67,934.88
Voxpop LLC Los Angeles, CA 90035-2642	CNS			\$9,127.00
Voxpop LLC Los Angeles, CA 90035-2642	CNS			\$9,126.00

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

SUBTOTAL \$86,187.88

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule E Payments Made

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460	
from <u>7/1/2024</u>	Page <u>27</u>	of <u>31</u>
through <u>9/21/2024</u>	I.D. NUMBER	
		<u>1463510</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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	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
Voxpop LLC Los Angeles, CA 90035-2642	CNS		\$9,126.00
Marilyn Wells Los Angeles, CA 90004-3704	FND		\$5,763.06

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

SUBTOTAL \$14,889.06

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$553,915.50
2. Unitemized payments made this period of under \$100.....	\$0.00
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 \$553,915.50

Schedule F

Accrued Expenses (Unpaid Bills)

. Amounts may be rounded
to whole dollars.

SCHEDULE F

CALIFORNIA
FORM 460

Page 28 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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

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
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$8,113.50	\$0.00	\$8,113.50	\$0.00
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$102.60	\$0.00	\$102.60	\$0.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$12,094.00	\$0.00	\$12,094.00	\$0.00

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

SUBTOTALS \$20,310.10 \$0.00 \$20,310.10 \$0.00

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 payments on accrued expenses under \$100.)	INCURRED TOTALS	\$0.00
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	\$20,447.41
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	(\$20,447.41)

(May be a negative number)

Schedule F

Accrued Expenses (Unpaid Bills)

. Amounts may be rounded
to whole dollars.

SCHEDULE F

CALIFORNIA
FORM 460

Page 29 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

I.D. NUMBER
1463510

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

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
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$137.31	\$0.00	\$137.31	\$0.00

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

SUBTOTALS \$137.31 \$0.00 \$137.31 \$0.00

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 payments on accrued expenses under \$100.) **INCURRED TOTALS** \$0.00

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** \$20,447.41

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** (\$20,447.41)
(May be a negative number)

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

SEE INSTRUCTIONS ON REVERSE

. Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460	
from <u>7/1/2024</u>	Page <u>30</u>	of <u>31</u>
through <u>9/21/2024</u>		

NAME OF FILER Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates	I.D. NUMBER 1463510
--	------------------------

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Marilyn Wells

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	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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bright Entertainment Torrance, CA 90501-1113	FND		\$1,740.16
Jennifer Bullock Productions Sunland, CA 91040-1928	FND		\$780.00
Your Chef Catering & Meal Prep Los Angeles, CA 90004-3704	FND		\$2,542.90
Attach additional information on appropriately labeled continuation sheets.		TOTAL*	\$5,063.06

* 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.

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

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

SEE INSTRUCTIONS ON REVERSE

. Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460	
from <u>7/1/2024</u>	Page <u>31</u>	of <u>31</u>
through <u>9/21/2024</u>		

NAME OF FILER Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates	I.D. NUMBER 1463510
--	------------------------

NAME OF AGENT OR INDEPENDENT CONTRACTOR

NM Marketing

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	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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Washington, DC 20260-0004	POS		\$150,263.62

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$150,263.62

* 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.

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