

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Statement covers period
from 9/22/2024
through 10/19/24

Date of election if applicable:
(Month, Day, Year)

11/5/2024

RECEIVED BY
LOS ANGELES COUNTY
2024 OCT 25 AM 11:38
PROPOSITION B UNIT

CALIFORNIA
2001/02
FORM

460

Page 1 of 9
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☒ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/ Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1464755

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

Yes on A - Neighbors for Affordable Housing and Homelessness
Solutions Now

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90017 (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

pcdfiling@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER

Sara Dusseault

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 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 10/24/2024

Executed on DATE

Executed on DATE

Executed on DATE

By SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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 FORM	460
Page	2 of 9

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

A

JURISDICTION

Los Angeles County

☒ SUPPORT

☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Neighbors for Affordable Housing and Homelessness Solutions Now

Statement covers period

from 9/22/2024
through 10/19/2024

CALIFORNIA
FORM 460

Page 3 of 9

I.D. NUMBER

1464755

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$550,001.01	\$2,695,001.01
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$550,001.01	\$2,695,001.01
4. Nonmonetary Contributions..... Schedule C, Line 3	\$175,000.00	\$175,000.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$725,001.01	\$2,870,001.01

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received		
21. Expenditures Made		

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$1,110,000.00	\$2,598,176.93
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$1,110,000.00	\$2,598,176.93
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$0.00	\$1,026.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$175,000.00	\$175,000.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$1,285,000.00	\$2,774,202.93

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made *	
(If Subject to Voluntary Expenditure Limit)	
Date of Election	Total to Date
(mm/dd/yyyy)	

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$706,823.07
13. Cash Receipts..... Column A, Line 3 above	\$550,001.01
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$1,110,000.00
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$146,824.08

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$1,026.00

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 9/22/2024
through 10/19/2024

CALIFORNIA FORM 460
Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Neighbors for Affordable Housing and Homelessness Solutions Now

I.D. NUMBER
1464755

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)
10/07/2024	Linc Housing Long Beach, CA 90807-3903	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$10,000.00	\$10,000.00	
09/24/2024	Primestor Development Culver City, CA 90232-3531	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$50,001.00	\$50,001.00	
10/01/2024	Southern California Partnership for Jobs (Nonprofit 501(c)(3)) Los Angeles, CA 90017-5864 ID: 1391049	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$150,000.00	\$150,000.00	
10/08/2024	The Chrysalis Center Los Angeles, CA 90013-1422	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$0.01	\$5,000.01	

SUBTOTAL \$210,001.01

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.) \$550,001.01

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

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) TOTAL \$550,001.01

*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 A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 9/22/2024
through 10/19/2024

CALIFORNIA FORM 460
Page 5 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Neighbors for Affordable Housing and Homelessness Solutions Now

I.D. NUMBER
1464755

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)
10/11/2024	The Chrysalis Center Los Angeles, CA 90013-1422	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$5,000.00	\$5,000.01	
09/25/2024	Thomas Saffian & Associates Inc. Los Angeles, CA 90049-5001	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$5,000.00	\$5,000.00	
10/17/2024	Weingart Center Association Los Angeles, CA 90013-2102	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$20,000.00	\$20,000.00	
09/24/2024	Western States Regional Council of Carpenters Issues Committee Los Angeles, CA 90071-1712 ID: 1101816	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$300,000.00	\$300,000.00	

SUBTOTAL \$330,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$550,001.01

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

\$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... TOTAL \$550,001.01

*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 A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 9/22/2024
through 10/19/2024

CALIFORNIA FORM 460
Page 6 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Neighbors for Affordable Housing and Homelessness Solutions Now

I.D. NUMBER
1464755

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)
10/16/2024	Richard Ziman Beverly Hills, CA 90210-3506	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Investor Richard Ziman	\$10,000.00	\$10,000.00	

SUBTOTAL \$10,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$550,001.01

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

\$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... TOTAL \$550,001.01

*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 C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>9/22/2024</u> through <u>10/19/2024</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>9</u>
---	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Neighbors for Affordable Housing and Homelessness Solutions Now

I.D. NUMBER

1464755

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)
09/30/2024	California Community Foundation Los Angeles, CA 90011-2665	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Web Ads	\$175,000.00	\$2,175,000.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$175,000.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$175,000.00

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 \$175,000.00

*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

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA FORM 460 Page <u>8</u> of <u>9</u>
from	9/22/2024	
through	10/19/2024	

NAME OF FILER

Yes on A - Neighbors for Affordable Housing and Homelessness Solutions Now

I.D. NUMBER

1464755

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
Armour Media Los Angeles, CA 90024-6031		Web Ads	\$500,000.00
Armour Media Los Angeles, CA 90024-6031		Web Ads	\$600,000.00
TR Communications Los Angeles, CA 90021-1200	CNS		\$10,000.00

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

SUBTOTAL \$1,110,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$1,110,000.00
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 \$1,110,000.00

FPPC Form 460 (Jan/2016)

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

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA FORM 460
from <u>9/22/2024</u>	Page <u>9</u> of <u>9</u>	
through <u>10/19/2024</u>		

NAME OF FILER

Yes on A - Neighbors for Affordable Housing and Homelessness Solutions Now

I.D. NUMBER

1464755

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	\$1,026.00	\$0.00	\$0.00	\$1,026.00

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

SUBTOTALS	\$1,026.00	\$0.00	\$0.00	\$1,026.00
------------------	------------	--------	--------	------------

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	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	\$0.00
		(May be a negative number)