

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

8/1/2022 P.M.

COVER PAGE

Date Stamp

CALIFORNIA FORM **460**

RECEIVED BY
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PROPOSITION B UNIT

Page 1 of 14

For Official Use Only

Statement covers period
from 05/22/2022
through 06/30/2022

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

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1445830

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
sosfilings@politicallaw.com

Treasurer(s)

NAME OF TREASURER

CARY DAVIDSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY

MICHAEL FARR

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

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 07/25/2022
Date

By _____

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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 BOB HERTZBERG	OFFICE SOUGHT OR HELD County Supervisor LA COUNTY, #3	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>05/22/2022</u>	CALIFORNIA FORM 460
through <u>06/30/2022</u>	
Page <u>3</u> of <u>14</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022

I.D. NUMBER

1445830

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 287,500.00	\$ 869,500.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 287,500.00	\$ 869,500.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 287,500.00	\$ 869,500.00

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

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 494,533.43	\$ 690,164.15
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 494,533.43	\$ 690,164.15
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-34,164.36	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 460,369.07	\$ 690,164.15

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 386,369.28
13. Cash Receipts	Column A, Line 3 above	287,500.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	494,533.43
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 179,335.85

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

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

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 Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>05/22/2022</u> through <u>06/30/2022</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022	I.D. NUMBER 1445830
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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)
05/26/2022	FABIAN NUNEZ FOR STATE TREASURER 2022 (ID# 1408606) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00	25,000.00	
05/26/2022	GOLDEN STATE VOTER PARTICIPATION PROJECT (ID# 1345010) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	47,500.00	
06/03/2022	GOLDEN STATE VOTER PARTICIPATION PROJECT (ID# 1345010) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	47,500.00	
06/06/2022	ROBERT A. KOTICK SANTA MONICA, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO ACTIVISION BLIZZARD, INC.	10,000.00	10,000.00	
05/23/2022	LOS ANGELES COUNTY PROFESSIONAL PEACE OFFICERS' ASSOCIATION INDEPENDENT EXPENDITURE COMMITTEE (ID# 810614) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50,000.00	50,000.00	
SUBTOTAL \$				92,500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 287,500.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 287,500.00

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

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

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	05/22/2022	
through	06/30/2022	Page <u>5</u> of <u>14</u>

NAME OF FILER ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022	I.D. NUMBER 1445830
---------------------------------------------------------------------------------------------------------	------------------------

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)
06/02/2022	ROBERT J LOWE LOS ANGELES, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE DEVELOPER ROBERT J LOWE	10,000.00	10,000.00	
06/06/2022	MACERICH MANAGEMENT COMPANY SANTA MONICA, CA 90401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		75,000.00	75,000.00	
05/25/2022	MAZIN SIAM LOS ANGELES, CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR IDS REAL ESTATE	40,000.00	40,000.00	
06/01/2022	SOUTHERN GLAZER'S WINE & SPIRITS, LLC (NANCY SHIN) MIAMI, FL 33169	<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	
05/24/2022	TUTOR PERINI CORPORATION SYLMAR, CA 91342	<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	
SUBTOTAL \$				185,000.00		

*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

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

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	05/22/2022	
through	06/30/2022	Page <u>6</u> of <u>14</u>

NAME OF FILER ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022	I.D. NUMBER 1445830
---------------------------------------------------------------------------------------------------------	------------------------

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)
06/03/2022	YOUNG'S MARKET COMPANY, LLC (JAY JOHNSON) TUSTIN, CA 92780	<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	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				10,000.00		

*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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	05/22/2022	CALIFORNIA FORM 460	
through	06/30/2022	Page <u>7</u> of <u>14</u>	
NAME OF FILER		I.D. NUMBER	
ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022		1445830	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/25/2022	BOB HERTZBERG County Supervisor LOS ANGELES COUNTY, #3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	DIGITAL ADS	250,000.00	603,038.13	
05/25/2022	BOB HERTZBERG County Supervisor LOS ANGELES COUNTY, #3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	MAILERS	96,980.18	603,038.13	
05/26/2022	BOB HERTZBERG County Supervisor LOS ANGELES COUNTY, #3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	MAILERS	30,477.23	603,038.13	
SUBTOTAL \$				377,457.41		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 377,457.41
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 377,457.41

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	05/22/2022	
through	06/30/2022	Page 8 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022

I.D. NUMBER

1445830

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

OMP 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
INC independent expenditure supporting/opposing others (explain)*	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
CARRICK CONSULTING LOS ANGELES, CA 90068	IND		DIGITAL ADS SUPPORTING BOB HERTZBERG	250,000.00
HART RESEARCH ASSOCIATES WASHINGTON, DC 20009	IND		POLLING SUPPORTING BOB HERTZBERG	30,000.00
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO			5,916.66

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

SUBTOTAL \$ 285,916.66

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	494,488.43
2. Unitemized payments made this period of under \$100	\$	45.00
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 \$	494,533.43

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	05/22/2022	
through	06/30/2022	Page <u>9</u> of <u>14</u>
NAME OF FILER		I.D. NUMBER
ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022		1445830

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 supporting/opposing others (explain)* | 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 |
| LT | 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
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO			4,164.36
THE JUSTUS GROUP LOS ANGELES, CA 90094	CNS			68,200.00
THE JUSTUS GROUP LOS ANGELES, CA 90094	CNS			8,750.00
WEST COAST PUBLIC AFFIARS WOODLAND HILLS, CA 91364	IND		MAILERS SUPPORTING BOB HERTZBERG	96,980.18
WEST COAST PUBLIC AFFIARS WOODLAND HILLS, CA 91364	IND		MAILERS SUPPORTING BOB HERTZBERG	30,477.23

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

SUBTOTAL \$ 208,571.77

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	05/22/2022	
through	06/30/2022	Page 10 of 14
NAME OF FILER		I.D. NUMBER
ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022		1445830

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022

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 supporting/opposing others (explain)*	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
HART RESEARCH ASSOCIATES WASHINGTON, DC 20009	IND POLLING SUPPORTING BOB HERTZBERG	30,000.00	0.00	30,000.00	0.00
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO	4,164.36	0.00	4,164.36	0.00

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

SUBTOTALS \$ 34,164.36\$ 0.00\$ 34,164.36\$ 0.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- 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 \$** 34,164.36
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -34,164.36
May be a negative number

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from <u>05/22/2022</u>	CALIFORNIA FORM 460
through <u>06/30/2022</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CARRICK CONSULTING

I.D. NUMBER

1445830

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 supporting/opposing others (explain)* | 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
AIDA INTERNET ADS NETWORK NEW ROCHELLE, NY 10801	WEB		59,500.00
ART FARM WEST PLAYA DEL REY, CA 90293	WEB		1,200.00
ASELLUS GROUP LARCHMONT, NY 10538	WEB		153,000.00
KAUPANGER SWACKER INC. BURBANK, CA 91505	WEB		7,155.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 220,855.00

* 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.

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

Amounts may be rounded to whole dollars.

Statement covers period from <u>05/22/2022</u>	CALIFORNIA FORM 460
through <u>06/30/2022</u>	
Page <u>12</u> of <u>14</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022

1445830

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CARRICK CONSULTING

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 supporting/opposing others (explain)* | 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
PAYDAY SERVICES BURBANK, CA 91506	WEB		1,454.28

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,454.28

* 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.

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from <u>05/22/2022</u>	CALIFORNIA FORM 460
through <u>06/30/2022</u>	
Page <u>13</u> of <u>14</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

WEST COAST PUBLIC AFFIARS

I.D. NUMBER

1445830

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 supporting/opposing others (explain)*	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
POLITICAL DATA, INC. NORWALK, CA 90650	LIT		3,408.00
POLITICAL DATA, INC. NORWALK, CA 90650	LIT		1,056.00
RED PRINTING & MAIL SIMI VALLEY, CA 93063	LIT		39,450.00
RED PRINTING & MAIL SIMI VALLEY, CA 93063	LIT		13,400.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 57,314.00

* 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.

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

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	05/22/2022	
through	06/30/2022	Page 14 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	I.D. NUMBER
ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022	1445830
NAME OF AGENT OR INDEPENDENT CONTRACTOR	
WEST COAST PUBLIC AFFIARS	

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 |
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| 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
U.S. POSTMASTER WOODLAND HILLS, CA 91367	POS		52,122.18
U.S. POSTMASTER WOODLAND HILLS, CA 91367	POS		14,021.23

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 66,143.41

* 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.