

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

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PROPOSITION B UNIT

CALIFORNIA FORM **460**

Page 1 of 4  
For Official Use Only

**Statement covers period**  
from 09/25/2022  
through 10/22/2022

**Date of election if applicable:**  
(Month, Day, Year) 11/08/2022

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  
1454301

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
The Fairness Project (Nonprofit 501c4) Supporting Yes on Measure A for Sheriff Accountability, Sponsored by Service Employees International Union, United Healthcare Workers West

STREET ADDRESS (NO P.O. BOX)

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Washington | DC    | 20009    | (916) 442-8888  |

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

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Sacramento | CA    | 95814    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS  
(916) 442-0382 / dhuck@nossaman.com

**Treasurer(s)**

NAME OF TREASURER  
Mike Finocchio

MAILING ADDRESS

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Washington | DC    | 20009    | (916) 442-8888  |

NAME OF ASSISTANT TREASURER, IF ANY  
Dawn E. Huck

MAILING ADDRESS

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Sacramento | CA    | 95814    | (916) 442-8888  |

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 10/21/2022  
Date

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 Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**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 |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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

See continuation for Part 6a

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

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

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

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

*Attach continuation sheets if necessary*

**Recipient Committee  
Campaign Statement  
Part 6a. Primarily Forged Ballot Measure Committee (continued)**

**NAME OF BALLOT MEASURE**  
Charter Amendment - Providing Authority to Remove an Elected Sheriff  
for Cause

**BALLOT NO. OR LETTER**  
A

**JURISDICTION**  
Los Angeles County

**SUPPORT/OPOSE**  
Support

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 09/25/2022 |                                |
| through   | 10/22/2022 | Page 4 of 4                    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| The Fairness Project (Nonprofit 501c4) Supporting Yes on Measure A for Sheriff Accountability, Sponsored by Service Employees International Union, United Healthcare Workers West |            | 1454301                        |

SEE INSTRUCTIONS ON REVERSE

**Contributions Received**

|                                 |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions       | Schedule A, Line 3 | \$ 0.00  | \$ 110,000.00                              |
| 2. Loans Received               | Schedule B, Line 3 | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2    | \$ 0.00  | \$ 110,000.00                              |
| 4. Nonmonetary Contributions    | Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4    | \$ 0.00  | \$ 110,000.00                              |

**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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|------------------------------------|----------------------|--|--|
| 6. Payments Made                   | Schedule E, Line 4   | \$ 0.00  | \$ 108,610.00                              |
| 7. Loans Made                      | Schedule H, Line 3   | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7      | \$ 0.00  | \$ 108,610.00                              |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3   | 0.00   | 0.00                                       |
| 10. Nonmonetary Adjustment         | Schedule C, Line 3   | 0.00   | 0.00                                       |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10 | \$ 0.00  | \$ 108,610.00                              |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|                                     |   |             |
|-------------------------------------|---|-------------|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16                | \$ 1,390.00 |
| 13. Cash Receipts                   | Column A, Line 3 above                        | 0.00        |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4                            | 0.00        |
| 15. Cash Payments                   | Column A, Line 8 above                        | 0.00        |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1,390.00 |

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

|                              |                    |         |
|------------------------------|--------------------|---------|
| 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 | \$ 0.00 |