

Recipient Committee Campaign Statement Cover Page

COVER PAGE

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LOS ANGELES COUNTY
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PROPOSITION B

CALIFORNIA 2001/02 FORM 460
Page 1 of 6
For Official Use Only

Statement covers period
from 1/1/2025
through 12/31/2025

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

3. Committee Information

I.D. NUMBER
1485031

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Restore Healthcare for Angelenos, Sponsored by St. John's Community, Health and Health Justice Action Fund

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90071	(213) 452-6565

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
pcdfilings@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER

Darryn Harris

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90071	(213) 452-6565

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 2/2/2026 _____
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

COVER PAGE-PART 2

CALIFORNIA	460
FORM	
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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? <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? <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
Restore Healthcare for Angelenos Ballot Measure

BALLOT NO. OR LETTER	JURISDICTION County of Los Angeles	<input checked="" 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 _____

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

Statement covers period from <u>1/1/2025</u> through <u>12/31/2025</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Restore Healthcare for Angelenos, Sponsored by St. John's Community, Health and Health Justice Action Fund

I.D. NUMBER
1485031

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$4,000,000.00	\$4,000,000.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$4,000,000.00	\$4,000,000.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$4,000,000.00	\$4,000,000.00

**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	Column B
6. Payments Made..... Schedule E, Line 4	\$100,000.00	\$100,000.00
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$100,000.00	\$100,000.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$227,250.00	\$227,250.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$327,250.00	\$327,250.00

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yyyy)	Total to Date
_____	_____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$0.00
13. Cash Receipts..... Column A, Line 3 above	\$4,000,000.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$100,000.00
16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15	\$3,900,000.00
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$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 schedule B.

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	\$227,250.00

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2025</u> through <u>12/31/2025</u>	CALIFORNIA FORM 460
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Restore Healthcare for Angelenos, Sponsored by St. John's Community, Health and Health Justice Action Fund

I.D. NUMBER
1485031

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)
12/23/2025	St. John's Community Health Los Angeles, CA 90037-3632	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000,000.00	\$4,000,000.00	
	*** TYPE: Intermediary *** Health Justice Action Fund Los Angeles, CA 90071-1624	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$4,000,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$4,000,000.00
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 \$4,000,000.00

*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 E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>1/1/2025</u> through <u>12/31/2025</u>	CALIFORNIA FORM 460
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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, Inc. Ithaca, NY 14850-6701	CNS		\$100,000.00

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

SUBTOTAL \$100,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$100,000.00
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 \$100,000.00

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

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period from <u>1/1/2025</u> through <u>12/31/2025</u>	CALIFORNIA FORM 460
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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, APC Los Angeles, CA 90071-1624	PRO	\$0.00	\$27,250.00	\$0.00	\$27,250.00
The Outreach Team, Inc. Ithaca, NY 14850-6701	CNS	\$0.00	\$200,000.00	\$0.00	\$200,000.00

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

SUBTOTALS \$0.00 \$227,250.00 \$0.00 \$227,250.00

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	\$227,250.00
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	\$227,250.00 <small>(May be a negative number)</small>