

Recipient Committee
Campaign Statement
Cover Page

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CALIFORNIA
2001/02
FORM
460

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2025
through 6/30/2025

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

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
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 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

pcdfilings@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER

Tommy Newman

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

Executed on 9/28/25
DATE
Executed on
DATE
Executed on
DATE
Executed on
DATE

By
By
By
By

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

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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?
☐ 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
A County of Los Angeles

☒ 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

FPPC Form 460 (Jan/2016)

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Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 1/1/2025
through 6/30/2025

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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

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$415,000.00	\$415,000.00
2. Loans Received..... Schedule B, Line 3	-\$380,000.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$35,000.00	\$415,000.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$101,288.26	\$101,288.26
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$136,288.26	\$516,288.26

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	\$66,873.45	\$66,873.45
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$66,873.45	\$66,873.45
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-\$12,497.86	\$0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$101,288.26	\$101,288.26
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$155,663.85	\$168,161.71

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	\$17,747.45
13. Cash Receipts..... Column A, Line 3 above	\$35,000.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$14,126.00
15. Cash Payments..... Column A, Line 8 above	\$66,873.45
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$0.00

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	\$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.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 1/1/2025 through 6/30/2025	CALIFORNIA FORM 460
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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)
04/09/2025	Mercy Housing Inc. Denver, CO 80202-4929	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$10,000.00	\$10,000.00	
01/31/2025	Union Station Homeless Services Pasadena, CA 91104-4554	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$25,000.00	\$25,000.00	
01/01/2025	*** TYPE: Forgiven Loan *** United Way Greater Los Angeles Los Angeles, CA 90015-2211	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$380,000.00	\$101,288.26	

SUBTOTAL \$415,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,000.00

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** \$415,000.00

*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

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Schedule B - Part 1 Loans Received

. Amounts may be rounded
to whole dollars.

SCHEDULE B-PART 1

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2025
through 6/30/2025

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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 ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$380,000. 00	\$0.00	☐ PAID ☒ FORGIVEN \$380, 000.00	\$0.00 DATE DUE	0 RATE \$0.00	\$380,000. 00 02/16/2024 DATE INCURRED	CALENDAR YEAR \$112,123.71 PER ELECTION

SUBTOTALS

\$0.00 \$380,000.00 \$0.00 \$0.00

Schedule B Summary

- Loans received this period..... \$0.00
(Total Column(b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period..... \$380,000.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.)..... **NET** (\$380,000.00)
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

(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 1/1/2025	
through 6/30/2025	
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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)
03/27/2025	United Way Greater Los Angeles Los Angeles, CA 90015-2211	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		FND	\$65,000.00	\$101,288.26	
04/22/2025	United Way Greater Los Angeles Los Angeles, CA 90015-2211	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Voter Data	\$36,288.26	\$101,288.26	
05/22/2025	United Way Greater Los Angeles Los Angeles, CA 90015-2211	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Memo: \$10835.45 Legal Fees & Expenses	\$0.00	\$101,288.26	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$101,288.26

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$101,288.26

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** \$101,288.26

*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

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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA FORM 460
from	1/1/2025	
through	6/30/2025	Page 7 of 10

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
Collaboration Campaigns, LLC Whittier, CA 90602-1907	CNS		\$50,000.00
Kaufman Legal Group Ste 4050 Los Angeles, CA 90017-5864	PRO		\$12,497.86
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO		\$2.13

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

SUBTOTAL \$62,499.99

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$66,873.45
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 \$66,873.45

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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

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I.D. NUMBER

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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
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO		\$1,653.46
Street Level Strategy Sierra Madre, CA 91024-2434	CNS		\$2,720.00

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

SUBTOTAL \$4,373.46

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$66,873.45
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 \$66,873.45

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from 1/1/2025 through 6/30/2025	
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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

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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.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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	\$12,497.86	\$0.00	\$12,497.86	\$0.00

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

SUBTOTALS	\$12,497.86	\$0.00	\$12,497.86	\$0.00
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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	\$12,497.86
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	(\$12,497.86) (May be a negative number)

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Schedule I

Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period	CALIFORNIA FORM 460
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NAME OF FILER

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I.D. NUMBER

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
02/11/2025	Avila Team LLC West Covina, CA 91790-2087	Check not negotiated.	\$5,000.00
02/11/2025	Voxpop LLC Los Angeles, CA 90035-2642	Check not negotiated.	\$9,126.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$14,126.00

Schedule I Summary

1. Itemized increases to cash this period.	\$14,126.00
2. Unitemized increases to cash of under \$100 this period.....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e))......	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$14,126.00