

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

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Statement covers period from 04/01/2024 through 06/30/2024	Date of election if applicable: (Month, Day, Year) _____
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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
1463510

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
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
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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
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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 07/31/2024
Date

By Tommy Newman
Signature of Treasurer or Assistant Treasurer

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

**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
Los Angeles County Homelessness Prevention, Reduction and
Accountability Initiative

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
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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	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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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

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period from <u>04/01/2024</u>	CALIFORNIA FORM 460
through <u>06/30/2024</u>	
Page <u>3</u> of <u>24</u>	I.D. NUMBER <u>1463510</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>1,249,255.95</u>	\$ <u>2,699,755.97</u>
2. Loans Received Schedule B, Line 3	<u>-1,015,000.00</u>	<u>380,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>234,255.95</u>	\$ <u>3,079,755.97</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>905,000.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>234,255.95</u>	\$ <u>3,984,755.97</u>

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	\$ <u>770,666.91</u>	\$ <u>2,449,129.07</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>770,666.91</u>	\$ <u>2,449,129.07</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>14,414.80</u>	<u>20,447.41</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>905,000.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>785,081.71</u>	\$ <u>3,374,576.48</u>

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
<u> </u> / <u> </u> / <u> </u>	\$ _____
<u> </u> / <u> </u> / <u> </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>598,227.96</u>
13. Cash Receipts Column A, Line 3 above	<u>234,255.95</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>770,666.91</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>61,817.00</u>

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.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>400,447.41</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from <u>04/01/2024</u>	through <u>06/30/2024</u>	
		Page <u>4</u> of <u>24</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES	I.D. NUMBER 1463510
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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)
05/17/2024	Shoukat Ali Los Angeles, CA 90077-1319	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Shane Investments Group	7,500.00 Received through intermediary: Actblue Somerville, MA 02144-3132	7,500.00	
04/22/2024	John Baackes Los Angeles, CA 90004-4316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO LA Care Health Plan	1,000.00 Received through intermediary: Actblue Somerville, MA 02144-3132	1,500.00	
05/19/2024	John Baackes Los Angeles, CA 90004-4316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO LA Care Health Plan	500.00 Received through intermediary: Actblue Somerville, MA 02144-3132	1,500.00	
04/30/2024	Yuval Bar-Zemer Los Angeles, CA 90021-1253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Development Linear City Development LLC	1,000.00 Received through intermediary: Actblue Somerville, MA 02144-3132	1,000.00	
05/07/2024	Rodolphus Bethea Los Angeles, CA 90036-2779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker The Bethea Insurance Agency LLC	1,000.00 Received through intermediary: Actblue Somerville, MA 02144-3132	1,000.00	

SUBTOTAL \$ 11,000.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,249,205.95
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 50.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,249,255.95

*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	04/01/2024	
through	06/30/2024	Page <u>5</u> of <u>24</u>

NAME OF FILER 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)
05/07/2024	Lawrence Bond Pacific Palisades, CA 90272-4032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Bond Companies	5,000.00 <small>Received through intermediary: Actblue Somerville, MA 02144-3132</small>	5,000.00	
04/22/2024	Alex Chaves Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO PCAM LLC	1,000.00 <small>Received through intermediary: Actblue Somerville, MA 02144-3132</small>	1,000.00	
05/09/2024	Brian Cohen Beverly Hills, CA 90210-1103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Arden Insurance Services LLC	2,000.00 <small>Received through intermediary: Actblue Somerville, MA 02144-3132</small>	2,000.00	
05/18/2024	Conway Collis Pasadena, CA 91103-3231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Mayor's Fund Los Angeles	500.00 <small>Received through intermediary: Actblue Somerville, MA 02144-3132</small>	500.00	
05/06/2024	John Derderian Los Angeles, CA 90004-3919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entertainment Executive Netflix	1,000.00 <small>Received through intermediary: Actblue Somerville, MA 02144-3132</small>	1,000.00	
SUBTOTAL \$				9,500.00		

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 IND – Individual
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 (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	04/01/2024	
through	06/30/2024	Page <u>6</u> of <u>24</u>

NAME OF FILER EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES	I.D. NUMBER 1463510
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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)
05/15/2024	Timothy Disney Greenback, TN 37742-2442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Film Producer Timothy J. Disney	10,000.00	10,000.00	
04/04/2024	Downtown Women's Center Los Angeles Los Angeles, CA 90013-2132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
06/17/2024	Francisco F Ochoa Pasadena, CA 91103-1261	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Netflix	100.00	100.00	
05/19/2024	Elizabeth Faraut Pacific Palisades, CA 90272-2713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner LA LOOP	1,000.00	1,000.00	
04/26/2024	Renee Fraser Santa Monica, CA 90405-4032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing CEO Fraser Communications	1,000.00	1,000.00	
SUBTOTAL \$				17,100.00		

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 IND – Individual
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 (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	04/01/2024	
through	06/30/2024	Page <u>7</u> of <u>24</u>

NAME OF FILER 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)
05/16/2024	Brittney Frazier Gardena, CA 90249-1787	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director N.O.A.H. Foundation Inc.	1,000.00	1,000.00	
05/17/2024	Wendy Greuel Encino, CA 91436-3306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive in Residence/National Advisory CSUN/Manatt	1,000.00	1,000.00	
04/18/2024	International Union of Operating Engineers No. 12 Political Fund (ID# 743030) Pasadena, CA 91103-3839	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		75,000.00	75,000.00	
04/01/2024	Jed Leano for Assembly 2024 (ID# 1457815) Sacramento, CA 95815-4415	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		505.95	505.95	
05/30/2024	Charlotte Lubert Beverly Hills, CA 90210-3317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Charlotte Lubert	500.00	500.00	
SUBTOTAL \$				78,005.95		

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 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	04/01/2024	
through	06/30/2024	Page <u>8</u> of <u>24</u>

NAME OF FILER EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES	I.D. NUMBER 1463510
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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)
05/15/2024	John Maceri Sherwood Forest, CA 91325-3103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO The People Concern	500.00 Received through intermediary: Actblue Somerville, MA 02144-3132	500.00	
04/24/2024	David Mandel Los Angeles, CA 90046-3045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer/Director David Mandel	1,000.00 Received through intermediary: Actblue Somerville, MA 02144-3132	1,000.00	
05/23/2024	Maximus Inc. Mc Lean, VA 22102-4893	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
04/22/2024	Wendy Meyer Los Angeles, CA 90049-2022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not-Employed N/A	10,000.00 Received through intermediary: Actblue Somerville, MA 02144-3132	10,000.00	
05/08/2024	Christina Miller Chatsworth, CA 91311-7023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer Conrad N Hilton Foundation	100.00 Received through intermediary: Actblue Somerville, MA 02144-3132	100.00	
SUBTOTAL \$				16,600.00		

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 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	04/01/2024	
through	06/30/2024	Page <u>9</u> of <u>24</u>

NAME OF FILER EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES	I.D. NUMBER 1463510
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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)
05/01/2024	National Union of Healthcare Workers Issues Committee for Quality Patient Care and Union Democracy (ID# 1401024) Sacramento, CA 95815-4415	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
06/11/2024	Neighbors for Affordable Housing and Homelessness Solutions Now (ID# 1464755) Los Angeles, CA 90017-5864	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00	705,000.00	
05/16/2024	Thomas Newman Los Angeles, CA 90026-2919	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President United Way of Greater L.A.	500.00	500.00	
				Received through intermediary: Actblue Somerville, MA 02144-3132		
04/17/2024	Phillips 66 Houston, TX 77042-2862	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250,000.00	250,000.00	
04/26/2024	Christine Robert Los Angeles, CA 90068-2545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Affairs Executive The Robert Group	1,000.00	1,000.00	
				Received through intermediary: Actblue Somerville, MA 02144-3132		
SUBTOTAL \$				356,500.00		

*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	04/01/2024	
through	06/30/2024	Page <u>10</u> of <u>24</u>

NAME OF FILER EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES	I.D. NUMBER 1463510
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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)
04/18/2024	Edward Rounds Pasadena, CA 91101-3128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Edward Rounds	5,000.00 <small>Received through intermediary: Actblue Somerville, MA 02144-3132</small>	6,000.00	
05/14/2024	Edward Rounds Pasadena, CA 91101-3128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Edward Rounds	1,000.00 <small>Received through intermediary: Actblue Somerville, MA 02144-3132</small>	6,000.00	
05/02/2024	Cathy Salser Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist A Window Between Worlds	1,000.00 <small>Received through intermediary: Actblue Somerville, MA 02144-3132</small>	1,000.00	
05/06/2024	Stacey Silverman Los Angeles, CA 90046-2809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TV Executive Netflix	500.00 <small>Received through intermediary: Actblue Somerville, MA 02144-3132</small>	1,500.00	
05/19/2024	Stacey Silverman Los Angeles, CA 90046-2809	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TV Executive Netflix	1,000.00 <small>Received through intermediary: Actblue Somerville, MA 02144-3132</small>	1,500.00	
SUBTOTAL \$				8,500.00		

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 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
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NAME OF FILER EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES	I.D. NUMBER 1463510
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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)
04/28/2024	Sarah Smith Studio City, CA 91604-1221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Philanthropy Conrad N Hilton Foundation	5,000.00	5,000.00	
05/11/2024	Nancy Stephens Los Angeles, CA 90071-3429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Actor Nancy Stephens	1,000.00	1,000.00	
05/14/2024	Union Station Homeless Services Pasadena, CA 91104-4554	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00	25,000.00	
06/20/2024	United Way Greater Los Angeles Los Angeles, CA 90015-2211	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300,000.00	735,000.00	
06/20/2024	United Way Greater Los Angeles Los Angeles, CA 90015-2211	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		420,000.00	735,000.00	
SUBTOTAL \$				751,000.00		

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 PTY – Political Party
 SCC – Small Contributor Committee

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

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

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NAME OF FILER EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES	I.D. NUMBER 1463510
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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)
04/22/2024	John Wong San Marino, CA 91108-2419	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investment Upward Housing LLC	1,000.00 Received through intermediary: Actblue Somerville, MA 02144-3132	1,000.00	
		<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 \$				1,000.00		

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 SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

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EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES

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 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>420,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input checked="" type="checkbox"/> FORGIVEN \$ <u>420,000.00</u>	\$ <u>0.00</u> 04/01/2024 DATE DUE	0 % RATE \$ <u>0.00</u>	\$ <u>420,000.00</u> 11/15/2023 DATE INCURRED	CALENDAR YEAR \$ <u>735,000.00</u> PER ELECTION** \$ _____
United Way Greater Los Angeles Los Angeles, CA 90015-2211 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>300,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input checked="" type="checkbox"/> FORGIVEN \$ <u>300,000.00</u>	\$ <u>0.00</u> 01/31/2024 DATE DUE	0 % RATE \$ <u>0.00</u>	\$ <u>300,000.00</u> 12/20/2023 DATE INCURRED	CALENDAR YEAR \$ <u>735,000.00</u> PER ELECTION** \$ _____
United Way Greater Los Angeles Los Angeles, CA 90015-2211 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>380,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>380,000.00</u> DATE DUE	0 % RATE \$ <u>0.00</u>	\$ <u>380,000.00</u> 02/16/2024 DATE INCURRED	CALENDAR YEAR \$ <u>735,000.00</u> PER ELECTION** \$ _____

SUBTOTALS \$ 0.00 \$ 720,000.00 \$ 380,000.00 \$ 0.00

Schedule B Summary

(Enter (e) on Schedule E, Line 3)

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 1,015,000.00
(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 \$** -1,015,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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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 B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

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EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES

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		\$ 295,000.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 295,000.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00	0 % RATE	\$ 295,000.00 03/27/2024 DATE INCURRED	CALENDAR YEAR \$ 735,000.00 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$ 0.00		\$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$		DATE DUE	\$		\$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$		DATE DUE	\$		\$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$		DATE DUE	\$		\$
SUBTOTALS \$			0.00 \$	295,000.00 \$	0.00 \$	0.00		

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 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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Actblue Somerville, MA 02144-3132	OFC			185.23
Actblue Somerville, MA 02144-3132	OFC			481.92
Actblue Somerville, MA 02144-3132	OFC			37.23

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

SUBTOTAL \$ 704.38

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	770,666.91
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 \$	<u>770,666.91</u>

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 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
Actblue Somerville, MA 02144-3132	OFC			74.46
Actblue Somerville, MA 02144-3132	OFC			185.23
Actblue Somerville, MA 02144-3132	OFC			37.23
Actblue Somerville, MA 02144-3132	OFC			37.23
Actblue Somerville, MA 02144-3132	OFC			55.96

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

SUBTOTAL \$ 390.11

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

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Actblue Somerville, MA 02144-3132	OFC			222.46
Actblue Somerville, MA 02144-3132	OFC			3.93
Actblue Somerville, MA 02144-3132	OFC			74.23
Actblue Somerville, MA 02144-3132	OFC			39.31
Actblue Somerville, MA 02144-3132	OFC			37.23

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

SUBTOTAL \$ 377.16

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

Amounts may be rounded
to whole dollars.

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NAME OF FILER

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 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
Actblue Somerville, MA 02144-3132	OFC			18.72
Actblue Somerville, MA 02144-3132	OFC			55.96
Actblue Somerville, MA 02144-3132	OFC			314.96
Actblue Somerville, MA 02144-3132	OFC			111.92
Actblue Somerville, MA 02144-3132	OFC			18.73

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

SUBTOTAL \$ 520.29

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

Amounts may be rounded
to whole dollars.

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NAME OF FILER

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 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
Actblue Somerville, MA 02144-3132	OFC			3.93
Avila Team LLC West Covina, CA 91790-2087	CNS			5,000.00
Avila Team LLC West Covina, CA 91790-2087	CNS			5,000.00
Avila Team LLC West Covina, CA 91790-2087	CNS			5,000.00
Avila Team LLC West Covina, CA 91790-2087	CNS			5,000.00

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

SUBTOTAL \$ 20,003.93

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

Amounts may be rounded
to whole dollars.

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NAME OF FILER

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 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
Citizens for a Responsible Anaheim, Sponsored by UNITE HERE Local 11 (ID# 1456494) Los Angeles, CA 90017-5864	PET			16,432.00
Citizens for a Responsible Anaheim, Sponsored by UNITE HERE Local 11 (ID# 1456494) Los Angeles, CA 90017-5864	PET			3,024.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			6,633.00
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC			121.17
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			5,726.00

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

SUBTOTAL \$ 31,936.17

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2024	
through	06/30/2024	Page <u>21</u> of <u>24</u>
NAME OF FILER		I.D. NUMBER
EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES		1463510

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 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
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC			306.61
Mitchell Publishing & Mailers Los Angeles, CA 90033	PET			594.04
Pacific Productions Monrovia, CA 91016-3466	PET			4,904.00
The Monaco Group Santa Ana, CA 92705-4323	PET			1,350.00
The Monaco Group Santa Ana, CA 92705-4323	PET			5,453.22

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

SUBTOTAL \$ 12,607.87

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2024	
through	06/30/2024	Page <u>22</u> of <u>24</u>
NAME OF FILER		I.D. NUMBER
EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES		1463510

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 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
The Outreach Team Ithaca, NY 14850-6701	PET			400,000.00
The Outreach Team Ithaca, NY 14850-6701	PET			205,000.00
The Outreach Team Ithaca, NY 14850-6701	PET			82,500.00
Voxpop LLC Los Angeles, CA 90035-2642	PET			7,500.00
Voxpop LLC Los Angeles, CA 90035-2642	PET			9,127.00

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

SUBTOTAL \$ 704,127.00

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2024	
through	06/30/2024	Page 23 of 24
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES

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
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	5,726.00	0.00	5,726.00	0.00
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	306.61	0.00	306.61	0.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	0.00	8,113.50	0.00	8,113.50

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

SUBTOTALS \$	6,032.61\$	8,113.50\$	6,032.61\$	8,113.50
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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 \$** 20,447.41
- 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 \$** 6,032.61
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 14,414.80
May be a negative number

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2024	
through	06/30/2024	Page 24 of 24

NAME OF FILER	I.D. NUMBER
EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES	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 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)

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

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	OFC	0.00	102.60	0.00	102.60
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	0.00	12,094.00	0.00	12,094.00
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	0.00	137.31	0.00	137.31
SUBTOTALS \$		0.00 \$	12,333.91 \$	0.00 \$	12,333.91