

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

E-Filed
07/27/2024
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Statement covers period

from 02/18/2024

through 06/30/2024

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1405775

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
California Apartment Association Housing Solutions Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(800) 967-4222

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
fppc@bmhlaw.com

Treasurer(s)

NAME OF TREASURER
Ashlee N. Titus

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

NAME OF ASSISTANT TREASURER, IF ANY

Thomas W. Hiltachk

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/25/2024
Date

By Ashlee N. Titus
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

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	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		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>3</u> of <u>33</u>
		I.D. NUMBER 1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 246,000.00	\$ 576,000.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 246,000.00	\$ 576,000.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 246,000.00	\$ 576,000.00

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	\$ 441,806.57	\$ 641,449.00
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 441,806.57	\$ 641,449.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-311,191.21	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 130,615.36	\$ 641,449.00

Expenditure Limit Summary for State Candidates

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

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 196,520.76
13. Cash Receipts Column A, Line 3 above	246,000.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	441,806.57
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 714.19
<i>If this is a termination statement, Line 16 must be zero.</i>	
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 Column 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	\$ 0.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from <u>02/18/2024</u>		
through <u>06/30/2024</u>		Page <u>4</u> of <u>33</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Apartment Association Housing Solutions Committee	I.D. NUMBER 1405775
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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)
02/21/2024	California Apartment Association Political Action Committee (ID# 745208) Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200,000.00	496,000.00	
04/18/2024	California Apartment Association Political Action Committee (ID# 745208) Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		40,000.00	496,000.00	
06/07/2024	California Apartment Association Political Action Committee (ID# 745208) Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		6,000.00	496,000.00	
		<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				

SUBTOTAL \$ 246,000.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 246,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 246,000.00

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

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

SCHEDULE D

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>5</u> of <u>33</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	I.D. NUMBER
California Apartment Association Housing Solutions Committee	1405775

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/18/2024	Nate Miley County Supervisor County of Alameda District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	WEB	73,660.65	202,410.65	P2024 \$202,410.65
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/19/2024	Eric Guerra City Council Member City of Sacramento District: 6	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	14,772.22	14,772.22	P2024 \$14,772.22
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/19/2024	Stephen Walton City Council Member City of Sacramento District: 2	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	750.00	16,515.75	P2024 \$16,515.75
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				89,182.87		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 491,239.07
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 491,239.07

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>6</u> of <u>33</u>

NAME OF FILER California Apartment Association Housing Solutions Committee	I.D. NUMBER 1405775
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/19/2024	Stephen Walton City Council Member City of Sacramento District: 2	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	4,755.25	16,515.75	P2024 \$16,515.75
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/20/2024	Rosario Rodriguez County Supervisor County of Sacramento District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	15,000.00	15,000.00	P2024 \$15,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/21/2024	Katie Valenzuela City Council Member City of Sacramento District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	900.00	13,203.90	P2024 \$13,203.90
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
02/21/2024	Katie Valenzuela City Council Member City of Sacramento District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	12,178.90	13,203.90	P2024 \$13,203.90
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL \$ 32,834.15

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 7 of 33

NAME OF FILER California Apartment Association Housing Solutions Committee	I.D. NUMBER 1405775
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/21/2024	Katie Valenzuela City Council Member City of Sacramento District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POL	125.00	13,203.90	P2024 \$13,203.90
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/21/2024	Nate Miley County Supervisor County of Alameda District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	WEB	65,000.00	202,410.65	P2024 \$202,410.65
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/21/2024	Steve Hansen Mayor City of Sacramento	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	750.00	45,180.09	P2024 \$45,180.09
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/21/2024	Steve Hansen Mayor City of Sacramento	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	14,838.03	45,180.09	P2024 \$45,180.09
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 80,713.03

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 8 of 33

NAME OF FILER California Apartment Association Housing Solutions Committee	I.D. NUMBER 1405775
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/22/2024	David Cohen City Council Member City of San Jose District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	3,901.71	17,009.26	P2024 \$17,009.26
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/22/2024	David Cohen City Council Member City of San Jose District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	750.00	17,009.26	P2024 \$17,009.26
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/22/2024	Margaret Abe Koga County Supervisor County of Santa Clara District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CNS	16,875.00	158,485.00	P2024 \$158,485.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/22/2024	Margaret Abe Koga County Supervisor County of Santa Clara District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POL	18,950.00	158,485.00	P2024 \$158,485.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 40,476.71

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 9 of 33

NAME OF FILER	I.D. NUMBER
California Apartment Association Housing Solutions Committee	1405775

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/22/2024	Margaret Abe Koga County Supervisor County of Santa Clara District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	61,330.00	158,485.00	P2024 \$158,485.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/22/2024	Nate Miley County Supervisor County of Alameda District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	42,500.00	202,410.65	P2024 \$202,410.65
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/22/2024	Steve Hansen Mayor City of Sacramento	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	750.00	45,180.09	P2024 \$45,180.09
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/22/2024	Steve Hansen Mayor City of Sacramento	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	13,254.03	45,180.09	P2024 \$45,180.09
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 117,834.03

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>10</u> of <u>33</u>

NAME OF FILER California Apartment Association Housing Solutions Committee	I.D. NUMBER 1405775
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/23/2024	Damon Alexander City Council Member City of San Bernardino District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	5,275.00	5,275.00	P2024 \$5,275.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/23/2024	Margaret Abe Koga County Supervisor County of Santa Clara District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	61,330.00	158,485.00	P2024 \$158,485.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/23/2024	Stephen Walton City Council Member City of Sacramento District: 2	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	4,755.25	16,515.75	P2024 \$16,515.75
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/23/2024	Stephen Walton City Council Member City of Sacramento District: 2	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	750.00	16,515.75	P2024 \$16,515.75
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				72,110.25		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 11 of 33

NAME OF FILER California Apartment Association Housing Solutions Committee	I.D. NUMBER 1405775
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/23/2024	Steve Hansen Mayor City of Sacramento	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	750.00	45,180.09	P2024 \$45,180.09
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/23/2024	Steve Hansen Mayor City of Sacramento	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	14,838.03	45,180.09	P2024 \$45,180.09
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/26/2024	Jennifer Esteen County Supervisor County of Alameda District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	21,250.00	101,750.00	P2024 \$101,750.00
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
02/26/2024	Nate Miley County Supervisor County of Alameda District: 4	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT, POS	21,250.00	202,410.65	P2024 \$202,410.65
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				58,088.03		

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 12 of 33
NAME OF FILER		I.D. NUMBER
California Apartment Association Housing Solutions Committee		1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

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
Dawn Dais Designs, Inc. Roseville, CA 95747	IND		LIT, Oppose, Katie Valenzuela, Sacramento City Council; D04	900.00
Pacific Printing San Jose, CA 95110	IND		LIT, POS, Oppose, Katie Valenzuela, Sacramento City Council; D04	12,178.90
Paragon Communications, LLC West Sacramento, CA 95691	IND		LIT, POS; Support; Eric Guerra; City of Sacramento; City Council; D6	14,772.22

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

SUBTOTAL \$ 27,851.12

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	441,806.57
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 \$	441,806.57

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>13</u> of <u>33</u>
NAME OF FILER		I.D. NUMBER
California Apartment Association Housing Solutions Committee		1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

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
Dawn Dais Designs, Inc. Roseville, CA 95747	IND		LIT, Support; David Cohen, City of San Jose, City Council, D4	750.00
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND		LIT, POS; Support; Nate Miley, County of Alameda, Board of Supervisors, D4	21,250.00
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND		LIT, POS; Support; Nate Miley, County of Alameda, Board of Supervisors, D4	42,500.00
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND		LIT, POS; Oppose; Jennifer Esteen, Alameda County, Board of Supervisors, D4	21,250.00
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND		LIT, POS; Support; Margaret Abe Koga; County of Santa Clara; Board of Supervisors; D5	61,330.00

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

SUBTOTAL \$ 147,080.00

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 14 of 33
NAME OF FILER		I.D. NUMBER
California Apartment Association Housing Solutions Committee		1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

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
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND		LIT, POS; Support; Margaret Abe Koga; County of Santa Clara; Board of Supervisors; D5	61,330.00
Jameson Owens Sacramento, CA 95820	IND		LIT, Support; Steve Hansen, City of Sacramento, Mayor	750.00
Pacific Printing San Jose, CA 95110	IND		LIT, Support; David Cohen, City of San Jose, City Council, D4	3,901.71
Pacific Printing San Jose, CA 95110	IND		LIT, POS, Support; Steve Hansen, City of Sacramento, Mayor	42,930.09
RTBiQ, Inc. San Francisco, CA 94121	IND		WEB; Support; Nate Miley; Alameda County, Board of Supervisors; D4	65,000.00

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

SUBTOTAL \$ 173,911.80

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 15 of 33
NAME OF FILER		I.D. NUMBER
California Apartment Association Housing Solutions Committee		1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

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
Sarah Smith Chico, CA 95928	LIT		LIT, Support; Steve Hansen, City of Sacramento, Mayor	1,500.00
GC Strategies LLC La Habra, CA 90631	IND		LIT, POS; support; Damon Alexander; City of San Bernardino; City Council; Ward 7	5,275.00
Dennis Hearne San Francisco, CA 94133	IND		WEB; Support; Nate Miley; Alameda County, Board of Supervisors; D4	1,550.00
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND		WEB; Support; Nate Miley; Alameda County, Board of Supervisors; D4	17,110.65
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND		CNS; Oppose; Jennifer Esteen, Alameda County, Board of Supervisors, D4	11,250.00

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

SUBTOTAL \$ 36,685.65

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page <u>16</u> of <u>33</u>
NAME OF FILER		I.D. NUMBER
California Apartment Association Housing Solutions Committee		1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

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
Bell, McAndrews & Hiltachk,LLP Sacramento, CA 95814	PRO			1,632.00
Fairbank, Maslin, Maulin, Metz & Associates Oakland, CA 94612	IND		POL; Oppose; Jennifer Esteen; County of Alameda; Board of Supervisors; D4	42,250.00
Bell, McAndrews & Hiltachk,LLP Sacramento, CA 95814	PRO			3,264.00
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND		CNS; Support; Margaret Abe Koga; County of Santa Clara; Board of Supervisors; D5	7,500.00
Bell, McAndrews & Hiltachk,LLP Sacramento, CA 95814	PRO			1,632.00

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

SUBTOTAL \$ 56,278.00

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 17 of 33
NAME OF FILER		I.D. NUMBER
California Apartment Association Housing Solutions Committee		1405775

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

California Apartment Association Housing Solutions Committee

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
Fairbank, Maslin, Maulin, Metz & Associates Oakland, CA 94612	IND POL; Oppose; Jennifer Esteen; County of Alameda; Board of Supervisors; D4	42,250.00	0.00	42,250.00	0.00
Jameson Owens Sacramento, CA 95820	IND LIT, Support; Steve Hansen, City of Sacramento, Mayor	750.00	0.00	750.00	0.00
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND LIT, POS; Support; Margaret Abe Koga; County of Santa Clara; Board of Supervisors; D5	61,330.00	0.00	61,330.00	0.00

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

SUBTOTALS \$	104,330.00\$	0.00\$	104,330.00\$	0.00
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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 \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 311,191.21
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -311,191.21
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	02/18/2024	
through	06/30/2024	Page 18 of 33

NAME OF FILER California Apartment Association Housing Solutions Committee	I.D. NUMBER 1405775
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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 supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF 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
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND LIT, POS; Support; Margaret Abe Koga; County of Santa Clara; Board of Supervisors; D5	61,330.00	0.00	61,330.00	0.00
RTBiQ, Inc. San Francisco, CA 94121	IND WEB; Support; Nate Miley; Alameda County, Board of Supervisors; D4	65,000.00	0.00	65,000.00	0.00
Sarah Smith Chico, CA 95928	LIT LIT, Support; Steve Hansen, City of Sacramento, Mayor	1,500.00	0.00	1,500.00	0.00
Paragon Communications, LLC West Sacramento, CA 95691	IND LIT, POS; Support; Eric Guerra; City of Sacramento; City Council; D6	14,772.22	0.00	14,772.22	0.00
SUBTOTALS \$		142,602.22 \$	0.00 \$	142,602.22 \$	0.00

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 19 of 33

NAME OF FILER California Apartment Association Housing Solutions Committee	I.D. NUMBER 1405775
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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 supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF 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
Dawn Dais Designs, Inc. Roseville, CA 95747	IND LIT, Oppose, Katie Valenzuela, Sacramento City Council; D04	900.00	0.00	900.00	0.00
Pacific Printing San Jose, CA 95110	IND LIT, POS, Oppose, Katie Valenzuela, Sacramento City Council; D04	12,178.90	0.00	12,178.90	0.00
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND CNS; Support; Margaret Abe Koga; County of Santa Clara; Board of Supervisors; D5	7,500.00	0.00	7,500.00	0.00
Pacific Printing San Jose, CA 95110	IND LIT, POS, Support; Steve Hansen, City of Sacramento, Mayor	42,930.09	0.00	42,930.09	0.00
SUBTOTALS \$		63,508.99 \$	0.00 \$	63,508.99 \$	0.00

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	02/18/2024	
through	06/30/2024	Page 20 of 33
NAME OF FILER		I.D. NUMBER
California Apartment Association Housing Solutions Committee		1405775

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF 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
Dawn Dais Designs, Inc. Roseville, CA 95747	IND LIT, Support; David Cohen, City of San Jose, City Council, D4	750.00	0.00	750.00	0.00
SUBTOTALS \$		750.00 \$	0.00 \$	750.00 \$	0.00

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

Amounts may be rounded to whole dollars.

Statement covers period
 from 02/18/2024
 through 06/30/2024

SCHEDULE G
CALIFORNIA FORM 460
 Page 21 of 33
 I.D. NUMBER
 1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

GC Strategies LLC

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Minuteman Press of Rancho Cucamonga Rancho Cucamonga, CA 91730	LIT			4,650.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4,650.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Amounts may be rounded to whole dollars.

Statement covers period
 from 02/18/2024
 through 06/30/2024

SCHEDULE G

CALIFORNIA FORM 460

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I.D. NUMBER
1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KMM Strategies, Kully Hall LLC

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rebecca Barron Alamo, CA 94507	WEB			745.56
Coleman Security San Jose, CA 95138	WEB			1,455.50
Collective Hunch, Inc. Fairfax, CA 94930	WEB			4,533.00
Cross Films Studios Seattle, WA 98113	WEB			2,250.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 8,984.06

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Amounts may be rounded to whole dollars.

Statement covers period	
from	02/18/2024
through	06/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

I.D. NUMBER

1405775

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KMM Strategies, Kully Hall LLC

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cross Films Studios Seattle, WA 98113	WEB			1,250.00
Cross Films Studios Seattle, WA 98113	WEB			1,350.00
Joey Greene Lynnwood, WA 98046	WEB			3,000.00
Andrea Kessel San Francisco, CA 94110	WEB			500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 6,100.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Amounts may be rounded to whole dollars.

Statement covers period	
from	02/18/2024
through	06/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

I.D. NUMBER

1405775

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KMM Strategies, Kully Hall LLC

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Push Record LLC Benicia, CA 94510	WEB			1,390.91
Shutterstock New York, NY 10018	WEB			850.00
Talent Paymaster Bethesda, MD 20814	WEB			858.65
Talent Paymaster Bethesda, MD 20814	WEB			991.90

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4,091.46

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

Amounts may be rounded to whole dollars.

Statement covers period
 from 02/18/2024
 through 06/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

I.D. NUMBER

1405775

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KMM Strategies, Kully Hall LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kristine Ekstrand San Anselmo, CA 94960	LIT			1,500.00
Kristine Ekstrand San Anselmo, CA 94960	LIT			1,500.00
Pluto Works, Inc. Half Moon Bay, CA 94019	LIT			250.00
Pluto Works, Inc. Half Moon Bay, CA 94019	LIT			250.00

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TOTAL* \$ 3,500.00

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

Amounts may be rounded to whole dollars.

Statement covers period	
from	02/18/2024
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

I.D. NUMBER

1405775

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KMM Strategies, Kully Hall LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PM Packaging McClellan Park, CA 95652	LIT			13,000.00
PM Packaging McClellan Park, CA 95652	LIT			13,000.00
Political Data Intelligence (PDI) Long Beach, CA 90806	LIT			1,500.00
Political Data Intelligence (PDI) Long Beach, CA 90806	LIT			1,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 29,000.00

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

Amounts may be rounded to whole dollars.

Statement covers period
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NAME OF FILER

California Apartment Association Housing Solutions Committee

I.D. NUMBER

1405775

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KMM Strategies, Kully Hall LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Washington, DC 20260	POS			20,670.00
United States Postal Service Washington, DC 20260	POS			20,670.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 41,340.00

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

Amounts may be rounded to whole dollars.

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California Apartment Association Housing Solutions Committee

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1405775

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Minuteman Press of Rancho Cucamonga

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Washington, DC 20260	POS			3,570.42

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 3,570.42

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

Amounts may be rounded to whole dollars.

Statement covers period
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SCHEDULE G

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Pacific Printing

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) |

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Washington, DC 20260	POS			1,768.15

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,768.15

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

Amounts may be rounded to whole dollars.

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SCHEDULE G

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 1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RTBiQ, Inc.

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 |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Adprime New York, NY 10005	WEB			2,898.60
Axonix / Emodo San Francisco, CA 94105	WEB			359.10
Column6 New York, NY 10004	WEB			1,307.31
Connatix New York, NY 10012	WEB			621.23

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 5,186.24

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

Amounts may be rounded to whole dollars.

Statement covers period	
from	02/18/2024
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NAME OF FILER

California Apartment Association Housing Solutions Committee

I.D. NUMBER

1405775

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google Mountain View, CA 94043	WEB			10,534.40
Hulu Santa Monica, CA 90404	WEB			10,500.00
Index Exchange New York, NY 10007	WEB			7,554.68
OpenX Pasadena, CA 91105	WEB			1,405.98

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TOTAL* \$ 29,995.06

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

Amounts may be rounded to whole dollars.

Statement covers period
 from 02/18/2024
 through 06/30/2024

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California Apartment Association Housing Solutions Committee

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1405775

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PilotX Laguna Beach, CA 92651	WEB			3,213.67
Pubmatic New York, NY 10018	WEB			1,896.94
Pulsepoint Newark, NJ 07102	WEB			402.52
Sharethrough New York, NY 10003	WEB			705.59

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 6,218.72

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

SCHEDULE G (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period
 from 02/18/2024
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NAME OF FILER

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Stickyads Paris, FR	WEB			1,089.85
Tremor/Unruly New York, NY 10016	WEB			812.00
TripleLift New York, NY 10010	WEB			608.84

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,510.69

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