

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp

CALIFORNIA 460
2001/02
FORM

Statement covers period
from 10/23/2016
through 12/31/2016

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

Page 1 of 43
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1387399

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Wendy Butts

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 1-31-17
DATE
Executed on _____
DATE
Executed on _____
DATE
Executed on _____
DATE

By Wendy A. Butts
SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Safe, Clean Neighborhood Parks and Open Space for All

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page <u>3</u> of <u>43</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER

1387399

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$401,326.00	\$1,527,186.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$401,326.00	\$1,527,186.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$15,598.78	\$46,425.73
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$416,924.78	\$1,573,611.73

**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	\$865,322.95	\$1,494,149.67
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$865,322.95	\$1,494,149.67
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$15,598.78	\$46,425.73
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$880,921.73	\$1,540,575.40

**Expenditure Limit Summary for State
Candidates**

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

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

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$501,770.78
13. Cash Receipts..... Column A, Line 3 above	\$401,326.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$865,322.95
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$37,773.83
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00

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

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

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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)
10/24/2016	AltaMed Health Services Coporation	<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	
10/23/2016	American Federation of State, County & Municipal Employees CA District Council 36 PAC	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
ID: 747152						
10/23/2016	Andre Quintero for Mayor 2015 ID: 1320069	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
10/28/2016	Dennis Arguelles	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Program Manager National Parks Conservation Association	\$200.00	\$200.00	

SUBTOTAL \$27,950.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

*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
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
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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)
10/23/2016	Leo Barrera	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Child Support Officer County of Los Angeles	\$100.00	\$100.00	
10/23/2016	Catherine Bell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	\$100.00	
10/28/2016	Deborah Brooks	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Coach Everfit Body	\$500.00	\$500.00	
11/03/2016	California Nevada Beverage Association PAC ID: 802438	<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	

SUBTOTAL \$5,700.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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)
10/31/2016	Care Ambulance Service, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
10/23/2016	Rasheedah Carr	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations Director Frontier Communications	\$100.00	\$100.00	
11/02/2016	Spencer Cheak	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive GameTime	\$2,500.00	\$2,500.00	
11/14/2016	City of Hope	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	

SUBTOTAL \$5,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/23/2016
through 12/31/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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)
10/27/2016	Climate Resolve	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00	\$15,000.00	
10/26/2016	Coalition of County Unions	<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	
11/07/2016	Coca-Cola North America Group	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
10/23/2016	Luis David Corrales	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Los Angeles County Office of Education	\$100.00	\$100.00	

SUBTOTAL \$42,600.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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)
10/23/2016	County Hispanic Managers Association	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
10/31/2016	Dakota Communications	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/25/2016	Dave Bang Associates, Inc. of	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
11/08/2016	Dexheimer-Erikson Corporation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	

SUBTOTAL \$2,700.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

*Contributor Codes
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(other than PTY or SCC)
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PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
---	------------------------

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)
10/25/2016	From Lot To Spot, Inc.	<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	
10/27/2016	Yvonne Garcia	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	\$100.00	
10/23/2016	Jose Gardea	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Urbanism Advisors	\$300.00	\$300.00	
10/23/2016	Alfredo Gonzalez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Officer Resources Legacy Fund	\$100.00	\$100.00	

SUBTOTAL \$5,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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)
11/01/2016	Megan Horn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Brightview Design Group	\$500.00	\$500.00	
10/25/2016	Douglas Houston	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Government Relations Consultant Corporate Advocates	\$750.00	\$750.00	
10/23/2016	Juliette Hsi	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administration Los Angeles County	\$175.00	\$275.00	
11/07/2016	Dennis Hunter	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Ygrene Energy Fund	\$1,000.00	\$1,000.00	

SUBTOTAL	\$2,425.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$399,625.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$1,701.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$401,326.00</u>

*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
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460 Page <u>11</u> of <u>43</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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)
10/25/2016	Jerry Velasco for City Council 2015 ID: 1378226	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
11/05/2016	JT Construction Group Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
10/23/2016	Leslie Kumagai	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations Frontier Communications	\$200.00	\$200.00	
10/27/2016	LA River Revitalization Corp.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00	\$15,000.00	

SUBTOTAL \$17,300.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

*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
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
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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)
10/23/2016	James Lau	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Lau Consulting	\$250.00	\$250.00	
11/07/2016	Stacey Lawson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Ygrene Energy Fund	\$1,000.00	\$1,000.00	
10/23/2016	Emmanuel Crisanto Liban	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Officer- Environmental Compliance & Sustainability Los Angeles County Metropolitan Transporation Authority	\$100.00	\$100.00	
10/23/2016	Linyan Management, LLC	<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	

SUBTOTAL \$6,350.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

*Contributor Codes
IND- Individual
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(other than PTY or SCC)
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SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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)
11/04/2016	Los Angeles County Federation of Labor, AFL-CIO, Issues and Initiatives Committee ID: 1302429	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
11/02/2016	Los Angeles County Firefighters Local 1014 Community Issues PAC Fund ID: 1338370	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$50,000.00	
11/07/2016	Los Angeles Dodgers, LLC	<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	
10/31/2016	Diana Mahmud	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor City of South Pasadena	\$100.00	\$100.00	

SUBTOTAL	\$60,100.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

*Contributor Codes
IND- Individual
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(other than PTY or SCC)
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PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
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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)
11/04/2016	Justin Malan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legislative Advocate EcoConsultants	\$100.00	\$100.00	
10/23/2016	Mary Su for Walnut City Council 2014 ID: 1276584	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
11/05/2016	MEI Insurance Services, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/27/2016	National Audobon Society, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00	\$15,000.00	

SUBTOTAL	\$16,600.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

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 OTH- Other (e.g., business entity)
 PTY- Political Party
 SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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)
10/27/2016	P.F. Bresee Foundation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
10/31/2016	Gary Peterson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner American Landscape Inc	\$250.00	\$250.00	
10/23/2016	Wendy Ramallo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Council for Watershed Health	\$150.00	\$150.00	
10/25/2016	Recreational Equipment, Inc.	<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	

SUBTOTAL \$5,650.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10/23/2016
through 12/31/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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)
10/26/2016	Rendon Ballot Measure Committee to Keep California Competitive ID: 1357445	<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	
10/31/2016	Dan Richardson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$1,500.00	\$1,500.00	
10/31/2016	Rick Richardson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$1,500.00	\$1,500.00	
10/25/2016	Rios Clementi Hale Studios	<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	

SUBTOTAL \$13,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$399,625.00

2. Amount received this period -unitemized monetary contributions of less than \$100.....

\$1,701.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$401,326.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
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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)
11/02/2016	Bruce Saito	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director California Conservation Corps	\$200.00	\$900.00	
10/23/2016	Corinne Sanchez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO El Proyecto del Barrio	\$500.00	\$500.00	
11/05/2016	Sempre Energy	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
10/27/2016	Shining Rowland Co LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	

SUBTOTAL	\$5,200.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
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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)
10/28/2016	Sierra Club	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
10/31/2016	Rorie Skei	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Santa Monica Mountains Conservancy	\$250.00	\$250.00	
10/31/2016	Anna Solis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Fluor	\$500.00	\$1,000.00	
11/02/2016	TELACU Construction Management, Inc.	<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	

SUBTOTAL	\$8,750.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
---	------------------------

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)
10/25/2016	The California Conservation Campaign ID: 1238760	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$75,000.00	\$107,000.00	
10/31/2016	The California Conservation Campaign ID: 1238760	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$107,000.00	
10/26/2016	The Nature Conservancy San Francisco, CA 94105-1832	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$103,880.96	
10/24/2016	The Wilderness Society	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$9,500.00	\$9,500.00	

SUBTOTAL \$144,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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)
10/23/2016	Thomas Wong for San Gabriel Valley Municipal Water District ID: 1347919	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
10/23/2016	James Toma	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney State of California	\$100.00	\$100.00	
10/31/2016	Union of American Physicians & Dentists	<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	
11/14/2016	Waste Management & Affiliated Entities	<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	

SUBTOTAL \$30,200.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$399,625.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$1,701.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$401,326.00

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SCC- Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 10/23/2016	
through 12/31/2016	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/01/2016	Gomez Getting California Back to Work Ballot Measure Committee 3605 Long Beach Blvd Ste 426 Long Beach, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LIT	\$4,812.89	\$10,572.89	
11/01/2016	Gomez Getting California Back to Work Ballot Measure Committee	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		POS	\$5,760.00	\$10,572.89	
10/26/2016	The Nature Conservancy	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses	\$1,205.89	\$103,880.96	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$11,778.78

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$15,598.78

2. Amount received this period -unitemized nonmonetary contributions of less than \$100.....

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$15,598.78

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www.fppc.ca.gov

**Schedule C
Nonmonetary Contributions Received**

. Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460 Page <u>22</u> of <u>43</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2016	The Trust for Public Land	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		SAL	\$2,486.00	\$29,230.00	
11/08/2016	The Trust for Public Land	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		SAL	\$1,334.00	\$29,230.00	

<i>Attach additional information on appropriately labeled continuation sheets.</i>	SUBTOTAL	\$3,820.00
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Schedule C Summary

- Amount received this period -itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....
- Amount received this period -unitemized nonmonetary contributions of less than \$100.....
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$15,598.78
\$0.00
\$15,598.78

*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

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 23 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
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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 |
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| 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
Adrianna Babior	CNS		\$3,750.00
Adrianna Babior	CNS		\$16,651.50
Adrianna Babior	CNS		\$1,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$21,401.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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through	12/31/2016	Page 24 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Steve Barkan	WEB		\$379.42
BullsEye Marketing	LIT		\$20,690.55
BullsEye Marketing	POS		\$177,980.00

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

SUBTOTAL \$199,049.97

Schedule E Summary

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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 \$865,322.95

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 25 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. NUMBER

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BullsEye Marketing	LIT		\$16,834.60
BullsEye Marketing	POS		\$142,560.00
BullsEye Marketing	LIT		\$5,921.61

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

SUBTOTAL \$165,316.21

Schedule E Summary

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4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$865,322.95

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>10/23/2016</u> through <u>12/31/2016</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

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|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BullsEye Marketing	POS		\$56,303.34
BullsEye Marketing	LIT		\$2,185.15
BullsEye Marketing	POS		\$16,701.43

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

SUBTOTAL \$75,189.92

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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through	12/31/2016	Page 27 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrew Cartwright	CNS		\$3,750.00
Andrew Cartwright	OFC		\$274.52
Andrew Cartwright	CNS		\$21,151.50

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

SUBTOTAL \$25,176.02

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 28 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER

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- | | | |
|---|---|---|
| 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 |
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrew Cartwright	OFC		\$23.96
Andrew Cartwright	CNS		\$3,750.00
Andrew Cartwright	OFC		\$274.52
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$4,048.48

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>10/23/2016</u> through <u>12/31/2016</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
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|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
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| 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
Andrew Cartwright	CNS		\$1,000.00
Commerce Printing Services	LIT		\$41,479.52
Amy Condit	CNS		\$5,000.00

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

SUBTOTAL \$47,479.52

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	10/23/2016	Page	30 of 43
through	12/31/2016		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER

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- | | | |
|---|---|---|
| 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 |
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amy Condit	CNS		\$1,000.00
Amy Condit	CNS		\$1,000.00
DSPolitical	WEB		\$55,000.00

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

SUBTOTAL \$57,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DSPolitical	WEB		\$40,000.00
First Bank Merchant Fee	OFC		\$13.20
First Bank Merchant Fee	OFC		\$797.33

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

SUBTOTAL \$40,810.53

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	10/23/2016	Page	32 of 43
through	12/31/2016		

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Bank Merchant Fee	OFC		\$2,939.36
First Bank Merchant Fee	OFC		\$7.50
First Bank Merchant Fee	OFC		\$7.87

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

SUBTOTAL \$2,954.73

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
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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 \$865,322.95

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	
		Page 33 of 43

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Bank Merchant Fee	OFC		\$126.09
First Bank Merchant Fee	OFC		\$1,186.03
Internal Revenue Service		Taxes	\$850.00

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SUBTOTAL \$2,162.12

Schedule E Summary

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**Schedule E
Payments Made**

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to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 34 of 43

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group	PRO		\$20,000.00
Kaufman Legal Group	OFC		\$575.85
Tori Kjer	MTG		\$1,301.50

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

SUBTOTAL \$21,877.35

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page <u>35</u> of <u>43</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
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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 |
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| 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
Marshall Arts Creative Services, Inc.	LIT		\$3,800.00
Meeno, Inc.		Videography	\$6,110.00
Mitchell Publishing	LIT		\$554.35

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$10,464.35

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 36 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER

1387399

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 |
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| 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
Mitchell Publishing	CMP		\$136.25
NGP Van, Inc.	OFC		\$91.65
Political Data Inc.		Voter Data	\$22,898.09

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

SUBTOTAL \$23,125.99

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	10/23/2016	Page	37 of 43
through	12/31/2016		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER

1387399

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 |
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| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Inc.		Voter Data	\$186.14
PowerThru Consulting	CNS		\$1,000.00
PowerThru Consulting	OFC		\$6.06

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

SUBTOTAL \$1,192.20

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 38 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
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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 |
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| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Savvy Communications		Text Messaging	\$32,754.50
Savvy Communications		Text Messaging	\$36,271.50
SG&A Campaigns	CNS		\$25,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$94,026.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460
Page 39 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER
1387399

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SG&A Campaigns	OFC		\$280.00
SG&A Campaigns	CNS		\$15,000.00
SG&A Campaigns	CNS		\$4,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL			\$19,280.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 10/23/2016 through 12/31/2016	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

I.D. NUMBER

1387399

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 |
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| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
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| 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
Union Graphics, Inc.	LIT		\$29,411.00
Union Graphics, Inc.	LIT		\$14,805.00
Urbanism Advisors	CNS		\$7,500.00

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

SUBTOTAL \$51,716.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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	\$865,322.95

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 41 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
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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 |
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| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Urbanism Advisors	CNS		\$3,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$3,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$865,270.89
2. Unitemized payments made this period of under \$100.....	\$52.06
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 \$865,322.95

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460
from 10/23/2016 through 12/31/2016	
Page 42 of 43	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
NAME OF AGENT OR INDEPENDENT CONTRACTOR Tori Kjer	

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 |
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| 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
JD Audio Visual	MTG		\$717.51

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$717.51

* 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.

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

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 43 of 43

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates	I.D. NUMBER 1387399
NAME OF AGENT OR INDEPENDENT CONTRACTOR BullsEye Marketing	

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 |
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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	POS		\$177,980.00
United States Postal Service	POS		\$142,560.00
United States Postal Service	POS		\$56,303.34
United States Postal Service	POS		\$16,701.43

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$393,544.77

* 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.