Recipient Committee Campaign Statement Cover Page	LOS ANGELES COUNTY CALIFORNIA 460						
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 7/1/2021 through 12/31/2021	Date of election if applicably? (Month, Day, Year)	FEB - I PH POSITION E	12: 37 Page	1 of 8 For Official Use Only		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee	 as- Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) 	2. Type of Statem	ent ent emination)	Quarterly Sta			
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Yes on H - Communities United to End Homelessn Ridley-Thomas Committee for a Better L.A. with of Nonprofit Organizations, Businesses and Lab	support from a coalition	Treasurer(s) NAME OF TREASURER Vincent Harris MAILING ADDRESS					
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE LOS Angeles CA 90017 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	AREA CODE/PHONE (213) 452-6565	CITY Elk Grove NAME OF ASSISTANT TREASU MAILING ADDRESS	STATE CA JRER, IF ANY	ZIP CODE 95758 (AREA CODE/PHONE 916) 798-6696		
CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS (213) 452-6575 / sshin@kaufmanlegalgro	AREA CODE/PHONE	CITY OPTIONAL: FAX/E-MAIL ADDR	STATE	ZIP CODE	AREA CODE/PHONE		
4. Verification Executed on Ex	By By SIGNATURE OF CONTROLLING OFF	SIGNATURE OF TREASURER OR ASSIST	ROPONENT, OR RESPON		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov		
Executed on DATE	Ву	F CONTROLLING OFFICEHOLDER, CANDIDATE			advice@mppc.ca.gov (866/275-3772) 		

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 NU	MBER IF APPL	ICABLE)

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?
COMMITTEE ADDRESS	STREET ADDRESS (NO	D P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBER
NAME OF TREASURER			
NAME OF TREASURER	STREET ADDRESS (NO		

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE							
Plan to Prevent a	nd Combat Homelessness						
BALLOT NO. OR LETTER	JURISDICTION	SUPPORT					
Н	Los Angeles County						

Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHLOLDER, 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	
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	

Attach continuation sheets if necessary

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Campaign Disclosure Statement Summary Page	Amounts may b to whole d	ollars.	Statement covers period from 7/1/2021 through 12/31/2021	CALIFORNIA 46 FORM Page <u>3 of 8</u>
NAME OF FILER Yes on H - Communities United to End Homelessness, Major fu support from a coalition of Nonprofit Organizations, Busine		Thomas Committee for	a Better L.A. with	I.D. NUMBER 1392723
Contributions Received	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates he State Primary and
1. Monetary Contributions	\$0.00	\$0.00	D	1/1 through 6/30 7/1 to Da
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00	20. Contributions	in though 0.00 in the De
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$0.00	\$0.00		
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0.00	\$0.00		
Expenditures Made				Summary for State
6. Payments Made Schedule E, Line 4	\$116,557.20	\$121,289.50	Candidates	
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulativ	e Expenditures Made *
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$116,557.20	\$121,289.50	(If Subject to \	/oluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$373.70	\$373.70	- 1	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd/yyyy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	\$116,930.90	\$121,663.20		
Current Cash Statement				
12. Beginning Cash Balance Previous Summary Page, Line 16	\$305,654.61	To calculate Column B, add		
13. Cash Receipts Column A, Line 3 above	\$0.00	amounts in Column A to the corresponding amounts from		
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	Column B of your last report. Some amounts in Column A		
15. Cash Payments Column A, Line 8 above	\$116,557.20	may be negative figures that should be subtracted from	*Amounts in this sec	tion may be different from amo
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$189,097.41	previous period amounts. If	reported in schedule	
If this is a termination statement, Line 16 must be zero.		this is the first report being filed for this calendar year, only carry over the amounts		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	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	\$373.70		FPPC Ad	FPPC Form 460 (Jan// vice: advice@fppc.ca.gov (866/275- www.fppc.ca

Schedule E			nts may be rounded whole dollars.			SCHEDULE E
Payments Made		10	whole dollars.	from 7/1/2021	CALIFOF FORM Page	40U
SEE INSTRUCTIONS ON REVERSE				through 12/31/2021	Page <u>4</u> of <u>8</u>	
NAME OF FILER Yes on H - Communities United to End Homelessness, Maj coalition of Nonprofit Organizations, Businesses and I		dley-Thomas Co	mmittee for a Better L.A		. D. NUMBER 392723	
CODES: If one of the following codes accurately	/ describes the pay	ment, you ma	y enter the code. Othe	erwise, describe the payment.		
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings		nd appearances ises ilating is		RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committe VOT voter registration WEB information technology co	s oduction costs and meals g, and meals ses of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Community Partners for Move LA		cvc				\$65,000.00
Los Angeles, CA 90065-1733						
Evitarus Inc.		VOT				\$48,000.00
Los Angeles, CA 90064-2109						
Kaufman Legal Group, APC		PRO				\$500.00
Los Angeles, CA 90017-5864						
* Payments that are contributions or independent expenditure	es must also be summar	ized on Schedul	e D.	SUE	BTOTAL	\$113,500.00
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)					\$116,507.20
2. Unitemized payments made this period of under \$100						\$50.00
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Part 1, C	Column (e).)				\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on the S	Summary Page,	Column A, Line 6.)	то т,	AL	\$116,557.20
					FPP	C Form 460 (Jan/2016)

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Schedule E Payments Made			nts may be rounded whole dollars.	from 7/1/2021	CALIFOR FORM Page 5		
SEE INSTRUCTIONS ON REVERSE				through 12/31/2021			
VAME OF FILER Yes on H - Communities United to End Homelessness, coalition of Nonprofit Organizations, Businesses an		idley-Thomas Co	mmittee for a Better L.A		.D. NUMBER 392723		
CODES: If one of the following codes accurate	ely describes the pay	ment, you ma	y enter the code. Othe	erwise, describe the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings		nd appearances nses ulating (s	-	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, TRS staff/spouse travel, lodging TSF transfer between committe VOT voter registration WEB information technology co	s oduction costs and meals g, and meals ees of the same		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID	
Kaufman Legal Group, APC		OFC				\$102.40	
Los Angeles, CA 90017-5864							
Kaufman Legal Group, APC		PRO				\$500.00	
Los Angeles, CA 90017-5864							
Kaufman Legal Group, APC		PRO				\$500.00	
Los Angeles, CA 90017-5864							
* Payments that are contributions or independent expend	tures must also be summa	rized on Schedul	le D.	SU	BTOTAL	\$1,102.40	
Schedule E Summary							
1. Itemized payments made this period. (Include all Sche	dule E subtotals.)					\$116,507.20	
2. Uniternized payments made this period of under \$100					····· <u> </u>	\$50.00	
3. Total interest paid this period on loans. (Enter amount						\$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.)	тот	AL	\$116,557.20	
					EDD	C Form 460 (Jap/2016)	

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Schedule E		. Amounts may be roun to whole dollars.	bebr			SCHEDULE E	
Payments Made		to whole dollars.		Statement covers period from 7/1/2021	CALIFORNIA FORM Page 6 of 8		
SEE INSTRUCTIONS ON REVERSE				through 12/31/2021	l'age (
NAME OF FILER Yes on H - Communities United to End Homelessness, coalition of Nonprofit Organizations, Businesses an		idley-Thomas Committee for a	a Better L.A. wi	th support from a	I.D. NUMBER 1392723		
CODES: If one of the following codes accura	tely describes the pay	ment, you may enter the	code. Otherwi	se, describe the paymer	nt.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings		and appearances unses culating ks		RAD radio airtime and proc RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime an TRC candidate travel, lodg TRS staff/spouse travel, lod TSF transfer between com VOT voter registration WEB information technolog	a laries Id production costs ing, and meals dging, and meals mittees of the same		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DE	SCRIPTION OF PAYMENT		AMOUNT PAID	
Kaufman Legal Group, APC		OFC				\$102.50	
Los Angeles, CA 90017-5864							
Kaufman Legal Group, APC		PRO				\$500.00	
Los Angeles, CA 90017-5864							
Kaufman Legal Group, APC		OFC				\$201.10	
Los Angeles, CA 90017-5864						,	
* Payments that are contributions or Independent expend	itures must also be summa	rized on Schedule D.			SUBTOTAL	\$803.60	
Schedule E Summary							
1. Itemized payments made this period. (Include all Sche	dule E subtotals.)					\$116,507.20	
2. Uniternized payments made this period of under \$100						\$50.00	
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, Lin				\$116,557.20	

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Schedule E Payments Made		. Amounts may be roun	nded	SCHEDULE E
		to whole dollars.	Statement covers period from 7/1/2021	CALIFORNIA FORM 460 Page 7 of 8
SEE INSTRUCTIONS ON REVERSE			through 12/31/2021	
NAME OF FILER Yes on H - Communities United to End Homelessness coalition of Nonprofit Organizations, Businesses		idley-Thomas Committee for a	a Better L.A. with support from a	I.D. NUMBER 1392723
CODES: If one of the following codes accu	rately describes the pay	ment, you may enter the	code. Otherwise, describe the payment	Ł.
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings		and appearances inses culating ks	RAD radio airtime and produ RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodgir TRS staff/spouse travel, lod TSF transfer between comm VOT voter registration WEB information technology	aries I production costs ng, and meals ging, and meals iittees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group, APC		PRO		\$500.00
Los Angeles, CA 90017-5864				
Kaufman Legal Group, APC		OFC		\$101.20
Los Angeles, CA 90017-5864				
Kaufman Legal Group, APC		PRO		\$500.00/
Los Angeles, CA 90017-5864				
* Payments that are contributions or independent expen	nditures must also be summa	rized on Schedule D.	S	SUBTOTAL \$1,101.20
Schedule E Summary				
1. Itemized payments made this period. (Include all So	chedule E subtotals.)			
2. Unitemized payments made this period of under \$1	00			\$50.00
3. Total interest paid this period on loans. (Enter amound	Int from Schedule B, Part 1,	Column (e).)		\$0.00
4. Total payments made this period. (Add Lines 1, 2, a	and 3. Enter here and on the	Summary Page, Column A, Lir	ne 6.)	OTAL \$116,557.20

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Schedule F		Amounts may be rounded to whole dollars.		SCHEDULE F		
Accrued Expenses (Unpaid Bills)			Statement cov from 7/1 through 12/31	/2021 FOR	74401H	
NAME OF FILER Yes on H - Communities United to End Homelessness, Major funding by Mark Ridley-Thomas Committee for a Better L.A. wit coalition of Nonprofit Organizations, Businesses and Labor Orgs				I.D. NUMBER		
CODES: If one of the following codes accurat	ely describes the payment, yo	ou may enter the code. C	Otherwise, describe the	e payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads			time and production costs contributions n workers' salaries ble airtime and production cost e travel, lodging, and meals use travel, lodging, and meals between committees of the sar jistration ion technology costs (Internet,	ne candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Kaufman Legal Group, APC						
Los Angeles, CA 90017-5864	PRO	\$0.00	\$373.70	\$0.00	\$373.70	

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ayments that are contributions or independent expenditures must also be mmarized on Schedule D.	SUBTOTALS	\$0.00	\$373.70	\$0.00	\$373.70
chedule F Summary					
1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized payments on accrued expenses under \$100.)			INCURREI	D TOTALS	\$373.70
 Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total uniternized payments on accrued expenses under \$100.) 			PAI		\$0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the dia nd on the Summary Page, Column A, Line 9.)				NET	\$373.70
					(May be a negative number)
no on the Summary Page, Column A, Line 9.)					(May

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