

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

S119

COVER PAGE

Date Stamp RECEIVED LOS ANGELES EFV 1/31/19 2019 JAN 31 PM CAMPAIGN FINANCE	CALIFORNIA FORM 460
	Page 1 of 5 For Official Use Only 61122

Statement covers period from 07/01/2018 through 12/31/2018	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input checked="" type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1391618

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
NO ON MEASURE A - STOP THE UNFAIR TAX GRAB, MAJOR FUNDING BY CALIFORNIA ASSOCIATION OF REALTORS ISSUES MOBILIZATION PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
(213) 623-1692 / flora@politicallaw.com

Treasurer(s)

NAME OF TREASURER

FLORA YIN

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY

JERRY SIMMONS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

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 01/21/2019
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
SAFE, CLEAN NEIGHBORHOOD PARKS, OPEN SPACE, BEACHES, RIVERS
PROTECTION, AND WATER CONSERVATION MEASURE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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

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

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

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 from <u>07/01/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1391618</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON MEASURE A - STOP THE UNFAIR TAX GRAB, MAJOR FUNDING BY CALIFORNIA ASSOCIATION OF REALTORS ISSUES MOBILIZATION PAC

Contributions Received

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

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>3,422.58</u>	\$ <u>3,472.58</u>
7. Loans Made <i>Schedule H, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>3,422.58</u>	\$ <u>3,472.58</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ <u>-1,464.64</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>1,957.94</u>	\$ <u>3,472.58</u>

**Expenditure Limit Summary for State
Candidates**

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

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

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>4,035.87</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>0.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>3,422.58</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>613.29</u>

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

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 2* \$ 0.00

Cash Equivalents and Outstanding Debts

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

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

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	12/31/2018	Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON MEASURE A - STOP THE UNFAIR TAX GRAB, MAJOR FUNDING BY CALIFORNIA ASSOCIATION OF REALTORS ISSUES MOBILIZATION PAC

I.D. NUMBER

1391618

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO		FLORA YIN, TREASURER, IS A PARTNER OF REED & DAVIDSON, LLP.	1,947.94
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO		FLORA YIN, TREASURER, IS A PARTNER OF REED & DAVIDSON, LLP.	1,464.64

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

SUBTOTAL \$ 3,412.58

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	3,412.58
2. Unitemized payments made this period of under \$100	\$	10.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	3,422.58

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	12/31/2018	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
NO ON MEASURE A - STOP THE UNFAIR TAX GRAB, MAJOR FUNDING BY CALIFORNIA ASSOCIATION OF REALTORS ISSUES MOBILIZATION PAC		1391618

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON MEASURE A - STOP THE UNFAIR TAX GRAB, MAJOR FUNDING BY CALIFORNIA ASSOCIATION OF REALTORS ISSUES MOBILIZATION PAC

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO FLORA YIN, TREASURER, IS A PARTNER OF REED & DAVIDSON, LLP.	1,464.64	0.00	1,464.64	0.00
SUBTOTALS \$		1,464.64\$	0.00\$	1,464.64\$	0.00

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 1,464.64
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -1,464.64
May be a negative number

Jamie Yu

From: Dennis Boyle <dennis@politicallaw.com>
Sent: Thursday, January 31, 2019 3:09 PM
To: RRCC CFD
Subject: Form 460
Attachments: No on Measure A 460.pdf

Good Afternoon,
Please see the attached Form 460s for No on Measure A – Stop the Unfair Tax Grab (#1391618) Please confirm receipt.

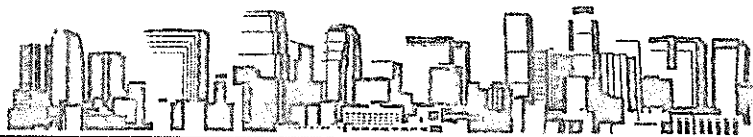
Dennis Boyle
Director, Political Compliance
Reed & Davidson, LLP

Los Angeles, CA 90071
Telephone (213) 402-4579 direct
Facsimile (213) 623-1692

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LOS ANGELES COUNTY
2019 JAN 31 PM 3:33
CAMPAIGN FINANCE



Los Angeles County Registrar-Recorder/County Clerk

Dean C. Logan
Registrar-Recorder/County Clerk

6/1/19
D

ELECTRONIC FILING VERIFICATION

Pursuant to Los Angeles County Code Section 2.195.050 (C), this form must be filed with the Registrar-Recorder/County Clerk within five (5) business days of electronically filing the California Form 460.

COMMITTEE INFORMATION

Committee Name: NO ON MEASURE A - STOP THE UNFAIR TAX GRAB

State ID Number: 1391618

Treasurer Name: FLORA YIN

RECEIVED BY
LOS ANGELES COUNTY
2019 FEB -4 PM 12:20
CAMPAIGN FINANCE

OFFICEHOLDER, CANDIDATE, OR BALLOT MEASURE INFORMATION

Name of Officeholder or Candidate: _____

(List name of officeholder or candidate for which this committee is primarily formed)

Office Sought or Held (Include Location and District if Applicable): _____

Name of Ballot Measure (If Applicable): MEASURE A

Support

Oppose

COVER PERIOD

Statement covers period from 7/1/2018 through 12/31/2018 Amendment:

I have used all reasonable diligence in preparing and reviewing the statement or report submitted electronically to the Los Angeles County Registrar-Recorder/County Clerk pursuant to Los Angeles County Code 2.195, and to the best of my knowledge the information contained therein and in the schedules attached to the aforementioned California Form 460 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 1/21/2019 By _____
Date Signature Treasurer

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

The original form must be returned within 5 business days either in person or by mail (postmarked on or before the 5th business day) to:

Los Angeles County Registrar-Recorder/County Clerk
Campaign Finance and Proposition B Unit
12400 Imperial Highway, Room 2003
Norwalk, California 90650