

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

|  |                                |
|--|--------------------------------|
| Date Stamp<br><b>RECEIVED BY<br/>LOS ANGELES CO</b><br><br>2023 FEB -2 AM 8:07<br><br>PROPOSITION # UNIT<br>1/31/23 F.R. | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>1</u> of <u>7</u>  |                                |
| For Official Use Only  |                                |

|                                |  |
|--------------------------------|--|
| <b>Statement covers period</b> | <b>Date of election if applicable:</b><br>(Month, Day, Year) |
| from <u>01/01/2022</u>         | <u>11/08/2022</u>  |
| through <u>09/24/2022</u>      |  |

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<br><i>(Also Complete Part 5)</i>      | <input checked="" type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i>                              |
| <input type="checkbox"/> General Purpose Committee                    | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><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 checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)                               |   |

Update expenditures. \_\_\_\_\_

**3. Committee Information**

I.D. NUMBER  
1454301

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
The Fairness Project (Nonprofit 501c4) Supporting Yes on Measure A for Sheriff Accountability, Sponsored by Service Employees International Union, United Healthcare Workers West

STREET ADDRESS (NO P.O. BOX)

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Washington | DC    | 20009    | (916) 442-8888  |

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

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Sacramento | CA    | 95814    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS  
(916) 442-0382 / dhuck@nossaman.com

**Treasurer(s)**

NAME OF TREASURER

Mike Finocchio

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Washington | DC    | 20009    | (916) 442-8888  |

NAME OF ASSISTANT TREASURER, IF ANY

Dawn E. Huck

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Sacramento | CA    | 95814    | (916) 442-8888  |

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 01/28/2023  
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?  
 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

See continuation for Part 6a

BALLOT NO. OR LETTER JURISDICTION

SUPPORT  
 OPPOSE

**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

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

*Attach continuation sheets if necessary*

**Recipient Committee  
Campaign Statement  
Part 6a. Primarily Formed Ballot Measure Committee (continued)**

**NAME OF BALLOT MEASURE**

Charter Amendment - Providing Authority to Remove an Elected Sheriff  
for Cause

**BALLOT NO. OR LETTER**

A

**JURISDICTION**

Los Angeles County

**SUPPORT/OPOSE**

Support

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period  |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 01/01/2022 |                                |
| through  | 09/24/2022 | Page <u>4</u> of <u>7</u>      |
| NAME OF FILER<br>The Fairness Project (Nonprofit 501c4) Supporting Yes on Measure A for Sheriff Accountability, Sponsored by Service Employees International Union, United Healthcare Workers West |            | I.D. NUMBER<br>1454301         |

SEE INSTRUCTIONS ON REVERSE

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 110,000.00  | \$ 110,000.00                              |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 110,000.00  | \$ 110,000.00                              |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 110,000.00  | \$ 110,000.00                              |

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

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

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 103,610.00  | \$ 103,610.00                              |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 103,610.00  | \$ 103,610.00                              |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 0.00   | 0.00                                       |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00   | 0.00                                       |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 103,610.00  | \$ 103,610.00                              |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |             |
|---|-------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 0.00     |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 110,000.00  |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0.00        |
| 15. Cash Payments ..... Column A, Line 8 above                              | 103,610.00  |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 6,390.00 |

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

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.

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

**Cash Equivalents and Outstanding Debts**

|   |         |
|---|---------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0.00 |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 0.00 |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 01/01/2022 |                                |
| through   | 09/24/2022 | Page 5 of 7                    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| The Fairness Project (Nonprofit 501c4) Supporting Yes on Measure A for Sheriff Accountability, Sponsored by Service Employees International Union, United Healthcare Workers West |            | 1454301                        |

SEE INSTRUCTIONS ON REVERSE

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 09/20/2022         | Service Employees International Union, United Healthcare Workers West<br>Oakland, CA 94612   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 110,000.00                  | 110,000.00  |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | 110,000.00                  |   |                                    |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 110,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 110,000.00

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

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

Amounts may be rounded  
to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2022 |                            |
| through                 | 09/24/2022 | Page <u>6</u> of <u>7</u>  |

SEE INSTRUCTIONS ON REVERSE

|  |                        |
|--|------------------------|
| NAME OF FILER<br>The Fairness Project (Nonprofit 501c4) Supporting Yes on Measure A for Sheriff Accountability, Sponsored by Service Employees International Union, United Healthcare Workers West | I.D. NUMBER<br>1454301 |
|--|------------------------|

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE   | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 09/21/2022         | Charter Amendment - Providing Authority to Remove an Elected Sheriff for Cause<br>Measure: A<br>Los Angeles County<br><br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 100,000.00         | 103,610.00  |                                    |
| 09/21/2022         | Charter Amendment - Providing Authority to Remove an Elected Sheriff for Cause<br>Measure: A<br>Los Angeles County<br><br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution<br><input checked="" type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Website Development       | 1,485.00           | 103,610.00  |                                    |
| 09/21/2022         | Charter Amendment - Providing Authority to Remove an Elected Sheriff for Cause<br>Measure: A<br>Los Angeles County<br><br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution<br><input checked="" type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Staff Services            | 2,125.00           | 103,610.00  |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | 103,610.00         |   |                                    |

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 103,610.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 103,610.00

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                         |            |                            |         |
|-------------------------|------------|----------------------------|---------|
| Statement covers period |            | CALIFORNIA FORM <b>460</b> |         |
| from                    | 01/01/2022 | Page                       | 7 of 7  |
| through                 | 09/24/2022 | I.D. NUMBER                | 1454301 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The Fairness Project (Nonprofit 501c4) Supporting Yes on Measure A for Sheriff Accountability, Sponsored by Service Employees International Union, United Healthcare Workers West

**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                   |
| ND 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| BCom Solutions, LLC<br>Lincoln, NE 68508  | CTB     | Website Development    | 1,485.00    |
| The Fairness Project<br>Washington, DC 20009  | CTB     | Staff Services         | 2,125.00    |
| Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations (ID# 1453614)<br>Oakland, CA 94607 | CTB     |                        | 100,000.00  |

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

**SUBTOTAL \$** 103,610.00

**Schedule E Summary**

- |  |                 |            |
|--|-----------------|------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 103,610.00 |
| 2. Unitemized payments made this period of under \$100   | \$              | 0.00       |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$              | 0.00       |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> | 103,610.00 |