

**Recipient Committee  
Campaign Statement  
Cover Page**

JUL 31 2023 FE

COVER PAGE

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**CALIFORNIA  
2001/02  
FORM  
460**

Page 1 of 8  
For Official Use Only

Statement covers period  
from 1/1/2023  
through 6/30/2023

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

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1392723

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Yes on H - Communities United to End Homelessness, Major funding by Mark Ridley-Thomas Committee for a Better L.A. with support from a coalition of Nonprofit Organizations, Businesses and Labor Orgs

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 452-6565

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) 452-6575 / [pdfilings@kaufmanlegalgroup.com](mailto:pdfilings@kaufmanlegalgroup.com)

**Treasurer(s)**

NAME OF TREASURER  
Vincent Harris

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Elk Grove	CA	95758	(916) 798-6696

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement under the laws of the State of California that the information contained herein and in the attached schedules is true and complete. I certify

Executed on 7/31/2023  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
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](mailto:advice@fppc.ca.gov)  
(866)276-3772  
[www.fppc.ca.gov](http://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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

Plan to Prevent and Combat Homelessness

BALLOT NO. OR LETTER H	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
-----------------------------------	-----------------------	---

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	<b>CALIFORNIA FORM 460</b>
from <u>1/1/2023</u> through <u>6/30/2023</u>	
Page <u>3</u> of <u>7</u>	I.D. NUMBER 1392723

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Communities United to End Homelessness

## Contributions Received

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

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

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

## Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$3,704.63	\$3,704.63
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$3,704.63	\$3,704.63
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$126.99	\$227.09
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$3,831.62	\$3,931.72

## 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	\$181,647.63
13. Cash Receipts..... Column A, Line 3 above	\$0.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$3,704.63
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$177,943.00

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00
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## 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	\$227.09

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 schedule B.

**Schedule E  
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>1/1/2023</u> through <u>6/30/2023</u>	
Page <u>4</u> of <u>7</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Communities United to End Homelessness

I.D. NUMBER  
1392723

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
Kaufman Legal Group, APC  Los Angeles, CA 90017-5864	PRO		\$500.00
Kaufman Legal Group, APC  Los Angeles, CA 90017-5864	PRO		\$500.00
Kaufman Legal Group, APC  Los Angeles, CA 90017-5864	PRO		\$500.00

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

**SUBTOTAL** \$1,500.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$3,704.63
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> \$3,704.63

**Schedule E  
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1/1/2023	
through	6/30/2023	Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Communities United to End Homelessness

I.D. NUMBER  
1392723

**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
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO		\$500.00
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO		\$500.00
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	OFC		\$104.53

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

**SUBTOTAL** \$1,104.53

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$3,704.63
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> \$3,704.63

**Schedule E  
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1/1/2023	
through	6/30/2023	Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Communities United to End Homelessness

I.D. NUMBER  
1392723

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
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO		\$500.00
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	OFC		\$100.10
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO		\$500.00

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

**SUBTOTAL** \$1,100.10

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$3,704.63
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> \$3,704.63

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

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 1/1/2023	through 6/30/2023	
		Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Communities United to End Homelessness

I.D. NUMBER  
1392723

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 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	\$100.10	\$0.00	\$100.10	\$0.00
Kaufman Legal Group, APC  Los Angeles, CA 90017-5864	OFC	\$0.00	\$125.79	\$0.00	\$125.79
Kaufman Legal Group, APC  Los Angeles, CA 90017-5864	OFC	\$0.00	\$101.30	\$0.00	\$101.30

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	<b>SUBTOTALS</b>	\$100.10	\$227.09	\$100.10	\$227.09
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**Schedule 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 unitemized payments on accrued expenses under \$100.)	<b>INCURRED TOTALS</b>	\$227.09
2. 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.)	<b>PAID TOTALS</b>	\$100.10
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET</b>	\$126.99

(May be a negative number)