CALIFORNIA 46 Section Statement Cover page CALIFORNIA 46 FORM CALIFORNIA 46 Cover page CALIFORNIA 46 CALIFORNIA 46 COVER page CALIFORNIA 46 CAL	W. Tarana				2/21/20	EV	P
Date of election if applicable: Norm, Day, Year) Date of election if applicable: Norm, Day, Year) O3/05/2024 CAMPAIGN NAME C ADDRESS	Campaign Statement Cover Page	_			RE	CEM	FORM 400
Type of Recipient Committee: An Committees - Complete Parts 1, 2, 3, and 4.			01/01/0004		ZUZ4 FE	[,	Fol Official Use Only
Type of Recipient Committee: An Committees - Complete Parts 1, 2, 3, and 4.	EE INSTRUCTIONS ON REVERSE		through02/17/2024	03/05/2024	САМРД	NIGN FINA	ANCE G11384
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) California Apartment Association Housing Solutions Committee STREET ADDRESS (NO PO ROX) STREET ADDRESS (NO PO ROX) STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (800) 967-4222 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR 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 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (800) 967-4222 MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (916) 442- OPTIONAL: FAX / E-MAIL ADDRESS Typoelbullaw.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of n under penalty of perjury under the laws of the State of California that the foregoing is true and corr 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 Executed on Date Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent	☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee	☐ Pri	imarily Formed Ballot Measure ommittee Controlled Sponsored so Complete Part 6) imarily Formed Candidate/ ficeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410	t [[ermination]	Quarterly S Special Od	tatement d-Year Report tal Preelection
Sacramento CA 95814 (800) 967-4222 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (800) 967-4222 Thomas W. Hiltachk MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (916) 442- OPTIONAL: FAX / E-MAIL ADDRESS Sproebbihlaw.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of n under penalty of perjury under the laws of the State of California that the foregoing is true and corr Executed on 02/21/2024 Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date Executed on Date Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO CO	14 MMITTEE)	405775	NAME OF TREASURER Ashlee N. Titus	-		
CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (800) 967-4222 Thomas W. Hiltachk MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (916) 442- OPTIONAL: FAX / E-MAIL ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 (916) 442- OPTIONAL: FAX / E-MAIL ADDRESS fppc@bmhlaw.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of n under penalty of perjury under the laws of the State of California that the foregoing is true and corn Executed on 02/21/2024 By Signature of Heasurer of Assistant Treasurer Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent	STREET ADDRESS (NO P.O. BOX)						AREA CODE/PHONE
Sacramento CA 95814 (916) 442- OPTIONAL: FAX / E-MAIL ADDRESS fppc@bmhlaw.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of n under penalty of perjury under the laws of the State of California that the foregoing is true and corr Executed on	Sacramento CA	95814	(800)967-4222	NAME OF ASSISTANT TREASU Thomas W. Hiltachk			
I have used all reasonable diligence in preparing and reviewing this statement and to the best of n under penalty of perjury under the laws of the State of California that the foregoing is true and corre Executed on	Sacramento CA OPTIONAL: FAX / E-MAIL ADDRESS			Sacramento	CA		AREA CODE/PHONE (916)442-7757
Executed on	I have used all reasonable diligence in preparing and					edules is t	rue and complete. I certify
Date 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 By	Executed on	_	Ву	Signature of Vreasurer or Assistant	Treasurer		
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on By	Date	_	Signature		oponent or Responsible Officer	of Sponsor	
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent	Date Executed on		Ву				FPPC Form 460 (Jan/2016

CALIFORNIA **FORM**

Page ____ 2 of ___ 28

NAME OF OFFICEHOLDER OR CANDIDATE		6. Primarily Formed Ballot Measure Commit	tee				
		NAME OF BALLOT MEASURE					
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	TION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION	SUPPORT OPPOSE				
RESIDENTIAL/BUSINESS ADDRESS (NO. AM	D STREET) CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if					
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
	ed in this Statement: List any committees ntrolled by you or are primarily formed to receive ehalf of your candidacy.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY				
COMMITTEE NAME I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder officeholder(s) or candidate(s) for which this committee					
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE S	SOUGHT OR HELD SUPPORT OPPOSE				
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE S	SOUGHT OR HELD SUPPORT OPPOSE				
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE S	SOUGHT OR HELD				
			SUPPORT OPPOSE				
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE S	∐ SUPPORT				
		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE S	SOUGHT OR HELD SUPPORT				

Recipient Committee Campaign Statement Cover Page — Part 2

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

 Amounts may be rounded to whole dollars.

S	UMMARY	PAGE

1	Statem	ent covers period	CALIFORNIA 160					
	from	01/01/2024	FORM 400					
	through _	02/17/2024	Page 3 of 28					
			1.D. NUMBER					
			1405775					

California Apartment Association Housing Solutions Committee Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 330,000.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 330,000.00 330,000.00 Received 0.00 0.00 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 330,000.00 330,000.00 Expenditures Made **Expenditure Limit Summary for State** Candidates 199,642.43 199,642.43 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 199,642.43 199,642.43 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 244,491.21 268,941.21 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 444,133.64 468,583.64 Current Cash Statement 66,163.19 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ___ To calculate Column B, add 330,000.00

199,642.43 15. Cash Payments Column A, Line 8 above 196,520.76 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ Cash Equivalents and Outstanding Debts 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

14. Miscellaneous Increases to Cash Schedule I, Line 4

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).

0.00

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

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

Schedule Monetary	A Contributions Received		s may be rounded whole dollars.	Statement cover	•		schedule FORNIA 460 ORM	
SEE INSTRUCTIO	ONS ON REVERSE			through02/17/2	024	Page	4 of28	
NAME OF FILER						I.D. NI	JMBER	
California P	Apartment Association Housing Solutions Committee					1405	775	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
02/09/2024	California Apartment Association Political Action Committee (ID# 745208) Sacramento, CA 95814	☐IND ☐COM ☐OTH ☐PTY ☐SCC		250,000.00	250,	000.00		
02/15/2024	California Apartment Association Independent Expenditure Committee (ID# 1294628) Sacramento, CA 95814	☐IND ☐COM ☐OTH ☐PTY ☐SCC		80,000.00	80,	000.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC	•					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL\$	330,000.00			The state of the s	
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)				IND - COM OTH	other) Other	al ent Committee than PTY or SCC) (e.g., business entity)	
3. Total mone	Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)							

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

Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period **CALIFORNIA** Amounts may be rounded Supporting/Opposing Other to whole dollars. FORM 01/01/2024 from Candidates, Measures and Committees 02/17/2024 of __28 through. Page_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER California Apartment Association Housing Solutions Committee 1405775 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS DATE TYPE OF PAYMENT CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 02/09/2024 Jennifer Esteen 16,875.00 59,375.00 P2024 \$59,375.00 ☐ Monetary County Supervisor County of Alameda Contribution District 4 □ Nonmonetary Contribution Independent Expenditure ☐ Support 02/09/2024 Jennifer Esteen LIT, POS 42,500.00 59,375.00 P2024 \$59,375.00 County Supervisor County of Alameda Contribution District 4 Nonmonetary Contribution Independent Expenditure ☐ Support 02/10/2024 David Cohen LIT 750.00 12,357.55 P2024 \$12,357.55 City Council Member City of San Jose Contribution District 4 Nonmonetary Contribution Independent Expenditure Oppose Support 60,125.00 SUBTOTAL \$ Schedule D Summary 83,929.61 2. Unitemized contributions and independent expenditures made this period of under \$100 0.00

Schedule D (Continuation Sheet) SCHEDULE D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. .60 Supporting/Opposing Other **FORM** 01/01/2024 from Candidates, Measures and Committees 02/17/2024 through. Page __6 NAME OF FILER I.D. NUMBER California Apartment Association Housing Solutions Committee 1405775 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 02/10/2024 David Cohen LIT, POS 5,554.51 12,357.55 P2024 \$12,357.55 Monetary City Council Member City of San Jose District 4 Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Oppose X Support Michael Mulcahy City Council Member City of San Jose District 6 02/10/2024 LIT 750.00 6,691.81 P2024 \$6,691.81 Contribution □ Nonmonetary Contribution Expenditure Support Oppose Michael Mulcahy 02/10/2024 LIT, POS 5,941.81 6,691.81 P2024 \$6,691.81 City Council Member City of San Jose District 6 Monetary Contribution ☐ Nonmonetary Contribution Expenditure Support ☐ Oppose 02/14/2024 Stephen Walton LIT 750.00 5,505.25 P2024 \$5,505,25 City Council Member City of Sacramento Contribution District 2 □ Nonmonetary Contribution Independent Expenditure Support Support □ Oppose SUBTOTAL \$ 12,996.32

Schedule D (Continuation Sheet) SCHEDULE D (CONT.) Amounts may be rounded **Summary of Expenditures** Statement covers period **CALIFORNIA** to whole dollars. Supporting/Opposing Other **FORM** 01/01/2024 Candidates, Measures and Committees 02/17/2024 of__28 through. Page ____7__ NAME OF FILER I.D. NUMBER 1405775 California Apartment Association Housing Solutions Committee CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 02/14/2024 Stephen Walton LIT, POS 4,755.25 5,505.25 P2024 \$5,505.25 City Council Member City of Sacramento Contribution District 2 Nonmonetary Contribution Expenditure Support Oppose LIT, POS 5,303.04 12,357.55 P2024 \$12,357.55 02/16/2024 David Cohen ☐ Monetary City Council Member City of San Jose Contribution District 4 Nonmonetary Contribution Independent Expenditure Support Oppose 12,357.55 P2024 \$12,357.55 02/16/2024 David Cohen LIT 750.00 City Council Member City of San Jose Contribution District 4 □ Nonmonetary Contribution Independent Expenditure Support Oppose Contribution Nonmonetary Contribution Independent Expenditure Oppose ☐ Support SUBTOTAL \$ 10,808.29

Schedule E
Payments Made

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/01/2024	FORM TOO
through02/17/2024	Page8 of28
	I.D. NUMBER
	1405775

of BER 5
5
e candidate/sponsor
mail)
AMOUNT PAID
21,950.00
2,500.00
2,032.00
26,482.00
199,642.43
0.00
0.00

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)				
Statement covers period	CALIFORNIA 460				
from01/01/2024	FORM TOO				
through02/17/2024	Page 9 of 28				
	I.D. NUMBER				
	1405775				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

	The court is a second of the court of the co				21007.13
300	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
MP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
:NS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
TB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
C	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
iL 💮	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
ND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
Ð	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
EG	legal defense	PRO	professional services (legal, accounting)	VOT	voter régistration
Π	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
EMC Research, Incorporated	POL		15,950.00
Oakland, CA 94612			
Dawn Dais Designs, Inc.	IND	LIT; Support; David Cohen, City of San Jose, City	750.00
Roseville, CA 95747		Council, D4	
Dawn Dais Designs, Inc.	IND	LIT; Support; Michael Mulcahy, City of San Jose, City Council D6	750.00
Roseville, CA 95747	_		
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND	CNS; Oppose; Jennifer Esteen, Alameda County, Board of Supervisors, D4	7,500.00
KMM Strategies, Kully Hall LLC Seattle, WA 98104	IND	LIT, POS; Oppose; Jennifer Esteen, Alameda County, Board of Supervisors, D4	42,500.00

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

SUBTOTAL \$

67,450.00

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

·	SCHEDULE E (CON I.)
Statement covers period	CALIFORNIA 160
from01/01/2024	FORM TOO
through02/17/2024	Page 10 of 28
	I.D. NUMBER
	1405775

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

California Apartment Association Housing Solutions Commit	1405775			
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications id appearances nses ulating	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and staff/spouse travel, lodging,	duction costs dimeals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Printing		IND LIT, POS; Su	upport; David Cohen, City of San J	ose, 5,554.51

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Printing San Jose, CA 95110	IND	LIT, POS; Support; David Cohen, City of San Jose, City Council, D4	5,554.51
Pacific Printing	IND	LIT, POS; Support; Michael Mulcahy, City of San Jose, City Council D6	5,941.81
San Jose, CA 95110		city council by	
RTBiQ, Inc.	. IND	WEB; Support; Nate Miley; Alameda County, Board of Supervisors; D4	55,000.00
San Francisco, CA 94121		Supervisors, D4	
Bell, McAndrews & Hiltachk, LLP	PRO		1,645.32
Sacramento, CA 95814			
		,	
Date Dais Decime Inc	IND	LIT; Support; Stephen Walton, City of Sacramento,	750.00
Roseville, CA 95747		City Council D2	
<u> </u>			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 68,891.64

Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)				
Statement covers period	CALIFORNIA 460				
from01/01/2024	FORM TOO				
through 02/17/2024	Page 11 of 28				
	I.D. NUMBER				
	1405775				

California Apartment Association Housing Solutions Committee

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 returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries СТВ CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor postage, delivery and messenger services IND POS professional services (legal, accounting) voter registration LEG legal defense VOT Щ campaign literature and mailings PRT print ads information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Dawn Dais Designs, Inc. Roseville, CA 95747	IND	LIT; Support; Stephen Walton, City of Sacramento, City Council D2	750.0
Dawn Dais Designs, Inc. Roseville, CA 95747	IND	LIT, Support, Stephen Walton, City of Sacramento, City Council D2	750.00
Pacific Printing San Jose, CA 95110	IND	LIT, POS; Support; Stephen Walton, City of Sacramento, City Council D2	4,755.29
Pacific Printing San Jose, CA 95110	IND	LIT, POS; Support; Stephen Walton, City of Sacramento, City Council D2	4,755.2
Pacific Printing San Jose, CA 95110	IND	LIT, POS; Support; Stephen Walton, City of Sacramento, City Council D2	4,755.25
* Payments that are contributions or independent expenditures must also be summa	rized on Schedule C	. SUBTOTAL	\$ 15,765.79

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

Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 460
through 02/17/2024	Page 12 of 28
	I.D. NUMBER

1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LIT

California Apartment Association Housing Solutions Committee

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 t.v. or cable airtime and production costs TEL FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services IND

legal defense professional services (legal, accounting) LEG

campaign literature and mailings PRT print ads transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

St campaign iterature dita mainings	TICL PINCES	WED Information technology costs (memor, e-many						
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID				
Dawn Dais Designs. Inc.		IND	LIT; Support; David Cohen, City of San Jose, City Council, D4	750.00				
Roseville, CA 95747			council, by					
Pacific Printing San Jose, CA 95110		IND	LIT, POS; Support; David Cohen, City of San Jose, City Council, D4	5,303.04				
Strategy Insights		IND	LIT, POS; Support; Rosario Rodriguez; County of Sacramento; Board of Supervisors; D4	15,000.00				
Woodland, CA 95776			Sacramento; Board or Supervisors; D4					
				,				
			·					

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

SUBTOTAL \$

21,053.04

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

State	ment covers period	CALIFORNIA	160		
from	01/01/2024	FORM	400		
through	02/17/2024	Page 13	of28		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

1405775 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

I.D. NUMBER

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	24,450.00\$	750.00	24,450.00\$	750.00	
Sacramento, CA 95820		. '		, ,		
Jameson Owens	LIT	0.00	750.00	0.00	750.00	
· ·						
Oakland, CA 94612						
EMC Research. Incorporated	POL	21,950.00	0.00	21,950.00	0.00	
Cakland, CA 94612	,					
Fairbank. Maslin. Maulin. Metz & Associates	POL	2,500.00	0.00	2,500.00	0.00	
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	
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 supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearal OFC office expenses PET petition circulating PHO phone banks POL polling and survey resi POS postage, delivery and PRO professional services (PRT print ads	earch messenger services	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)			

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 \$268,94	1.21
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.)	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	1.21 umber

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

 Statement covers period from ____01/01/2024
 CALIFORNIA FORM
 460

 through ___02/17/2024
 Page ___14 ___ of __28 ____

 I.D. NUMBER

NAME OF FILER

California Apartment Association Housing Solutions Committee

1405775

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
СТВ	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
ш	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 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
KMM Strategies, Kully Hall LLC	LIT	0.00	61,330.00	0.00	61,330.00
Seattle, WA 98104			-		
KMM Strategies, Kully Hall LLC	LIT	0.00	61,330.00	0.00	61,330.00
Seattle, WA 98104					
RTBiO. Inc.	WEB	0.00	65,000.00	0.00	65,000.00
San Francisco, CA 94121	,				
Carah Qmith	LIT	. 0.00	1,500.00	0.00	1,500.00
Chico, CA 95928				,	
	SUBTOTALS	\$ 0.00	189,160.00	\$ 0.00	\$ 189,160.00

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 01/01/2024 02/17/2024 Page __ 15 I.D. NUMBER

1405775

NAME OF FILER

California Apartment Association Housing Solutions Committee

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

	the same and the s							
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs			
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions			
СТВ	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		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			
Щ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)			
* Pay	vments that are contributions or independent expenditures must als	o be si	Immarized on Schedule D.					

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			
Paragon Communications, LLC West Sacramento, CA 95691	IND LIT, POS; Support; Eric Guerra; City of Sacramento; City Council; D6	0.00	14,772.22	0.00	14,772.22			
Dawn Dais Designs. Inc. Roseville, CA 95747	IND LIT, Oppose, Katie Valenzuela, Sacramento City Council; D04	0.00	900.00	0.00	900.00			
Pacific Printing San Jose, CA 95110	IND LIT, POS, Oppose, Katie Valenzuela, Sacramento City Council; D04	0.00	12,178.90	0.00	12,178.90			
KMM Strategies. Kullv Hall LLC Seattle, WA 98104	CNS	0.00	7,500.00	0.00	7,500.00			
SUBTOTALS \$ 0.00\$ 35,351.12\$ 0.00\$ 35								

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

1405775

NAME OF FILER

California Apartment Association Housing Solutions Committee

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 office expenses CTB contribution (explain nonmonetary)* SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs PET phone banks candidate travel, lodging, and meals candidate filing/ballot fees PHO staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) ய PRT print ads

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT CODE OR DESCRIPTION OF PAYMENT 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	
Pacific Printing	LIT, POS	0.00	42,930.09	0.00	42,930.09	
San Jose, CA 95110						
Dawn Dais Designs, Inc.	LIT	0.00	750.00	0.00	750.00	
Roseville, CA 95747						
	SUBTOTALS	\$ 0.00	43,680.09	\$ 0.00	43,680.09	

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

			CHEDULE G	
State	ement covers period	CALIFORNIA	460	
from	01/01/2024	FORM	460	
through	02/17/2024	Page17 of	28_	

I.D. NUMBER

1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KMM Strategies, Kully Hall LLC

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

,	Tone of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
C	CMP	campaign paraphernalia/misc.	MBR	member communications .	RAD	radio airtime and production costs		
C	CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions		
C	ств	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries		
C	CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs		
F	FIL	candidate filing/ballot fees	PHO	phone banks :	TRC	candidate travel, lodging, and meals		
F	-ND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals		
D	ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor		
L	EG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration		
L	Л.	campaign literature and mailings	PRT	print ads	WEE	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 OF	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Big Wheel Studios	LIT		1,500.00
San Anselmo, CA 94960		•	
Diuto Works inc	LIT		250.00
Half Moon Bay, CA 94019			
	1 1		
	i	·	
PM Packaging	LIT		13,000.00
Mcclellan Park, CA 95652			
	i		
	l i	•	
Political Data Intelligence (PDI)	LIT		1,500.00
Long Beach, CA 90806			
	, ,		
Attach additional information on appropriately labeled continuation sheets.		TOTAL*	16,250.00

* 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.

Amounts may be rounded to whole dollars.

		SCHEDULE G (CONT.
State	ement covers period	CALIFORNIA 460
from	01/01/2024	FORM 460
through	02/17/2024	Page 18 of 28
		I.D. NUMBER

1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KMM Strategies, Kully Hall LLC

•							
	COE	ES: If one of the following	codes accurately	describes the	payment, you may enter the code.	Otherwise	e, 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 (exp	lain)* 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
	பா	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	A	MOUNT PAID
United States Postal Service	POS			20,670.00
Washington, DC 20260				
Big Wheel Studios	LIT	,		1,500.00
San Anselmo, CA 94960	1			٠.
Big Wheel Studios	LIT			1,500.00
San Anselmo, CA 94960				
•				
Pluto Works, inc.	LIT			300.00
Half Moon Bay, CA 94019				
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$	23,970.00

^{*} 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.

Amounts may be rounded to whole dollars.

		SCHEDULE G (CONT.)		
State	ment covers period	CALIFORNIA 460		
from	01/01/2024	FORM 46U		
through	02/17/2024	Page 19 of 28		

I.D. NUMBER

1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KMM Strategies, Kully Hall LLC

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

			paymond you may amor are access as		-,
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)

^{*} 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 LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pluto Works, inc.	LIT		300.00
Half Moon Bay, CA 94019			
PM Packaging	LIT		17,166.00
Mcclellan Park, CA 95652			
PM Packaging	LIT	· ·	17,166.00
Mcclellan Park, CA 95652			17,186.00
Bolitical Data Intollicence (DBT)	LIT .		2,000.00
Long Beach, CA 90806			
Attach additional information on appropriately labeled continuation sheets.		TOTAL*	\$ 36,632.00

Attach additional information on appropriately labeled continuation sneets.

^{*} 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.

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE	through_	02/17/2024

I.D. NUMBER

Page 20 of 28

SCHEDULE G (CONT.)

California Apartment Association Housing Solutions Committee

1405775

NAME OF AGENT OR INDEPENDENT CONTRACTOR

KMM Strategies, Kully Hall LLC

NAME OF FILER

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

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

^{*} 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	PR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Intelligence (PDI)	LIT		2,000.0
Long Beach, CA 90806			
United States Postal Service	POS		30,600.0
Washington, DC 20260		•	
	.		
United States Postal Service	POS	,	30,600.0
Washington, DC 20260			
•			
			,
•		-	

^{*} 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.

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

63,200.00

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

Statement covers period from _____01/01/2024

through

02/17/2024

CALIFORNIA 460

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1405775

SCHEDULE G

FF	INSTR	LICTI	PINO	ON	DEV/	ERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Mailrite Print & Mail

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)* office expenses OFC SAL campaign workers' salaries petition circulating CVC civic donations PET TEL t.v. or cable airtime and production costs candidate filing/ballot fees phone banks candidate travel, lodging, and meals FIL

FND fundraising events

POL polling and survey research

FNS staff/spouse travel, lodging, and meals

FNS postage, delivery and messenger services

FNS 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)

^{*} 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
United States Postal Service	POS			3,076.2
Washington, DC 20260				
		<u>:</u>		
				· ·

^{*} 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.

Attach additional information on appropriately labeled continuation sheets.

3,076.25

TOTAL* \$

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

Statement covers period		CALI	FORN	IΙΑ	AC	a
from	01/01/2024		ORM		46	U
through	02/17/2024	Page	22	of	28	

I.D. NUMBER

1405775

SCHEDULE G

SEE IN	STRUCTI	ONS ON	REVERSE
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NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Pacific Printing

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

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions CNS CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks FIL TRC candidate travel, lodging, and meals fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals FND POL independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF IND professional services (legal, accounting) LEG legal defense VOT voter registration Ш campaign literature and mailings PRT print ads 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
United States Postal Service	POS			2,752.73
Washington, DC 20260		i		
,				
United States Postal Service	POS			6,879.75
San Jose, CA 95101				
United States Postal Service	POS	+		2,906.87
San Jose, CA 95101	105			2,300.87
Sati dose, da 35101				
			•	
United States Postal Service	POS	+		2,752.73
Washington, DC 20260				
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$	15,292.08

^{*} 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.

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

SCHEDULE G (CONT.)

Statement covers period CALIFORNIA FORM

SCHEDULE G (CONT.)

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SEE INSTRUCTIONS ON REVERSE	through02/17/2024	Page23 of28
IAME OF FILER		I.D. NUMBER
California Apartment Association Housing Solutions Committee	A STATE OF THE STA	1405775
IAME OF AGENT OR INDEPENDENT CONTRACTOR	·	

Pacific Printing

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	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)

^{*} 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
United States Postal Service	POS			4,795.65
Washington, DC 20260		1		
	ı			
United States Postal Service	POS		, ,	20,122.59
Washington, DC 20260				
				,
	ŀ		•	
•				
	,			
		1		
	1		•	
		}		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

24,918.24

^{*} 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.

Schedule (G	
Payments	Made by an Ager	nt or Independent
Contracto	r (on Behalf of Th	is Committee)

Stater	nent covers period	CALIFORNIA	4.0
from	01/01/2024	FORM	46
through_	02/17/2024	Page24	of 28

WEB information technology costs (internet, e-mail)

I.D. NUMBER 1405775

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LIT

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

Paragon Communications, LLC

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

print ads

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

^{*} 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
Digital Tractor Graphic Design	LIT		750.00
Sacramento, CA 95818			
		`	
Mailrite Print & Mail		LIT, POS	12,260.22
Sacramento, CA 95834			
· •			
Political Data Intelligence (PDI)	LIT		362.00
Long Beach, CA 90806			
*	1		

^{*} 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.

Attach additional information on appropriately labeled continuation sheets.

13,372.22

TOTAL* \$

Schedule	G				
Payments	Made b	y an A	gent o	r Indepe	ndent
Contracto	or (on Be	half of	This C	Committ	ee)

State	ement covers period	CALLEGENIA 4.0.0
from	01/01/2024	CALIFORNIA 460
through	02/17/2024	Page 25 of 28
		LD-NUMBER

1405775

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RTBiQ, Inc.

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, 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

independent expenditure supporting/opposing others (explain)* legal defense PRO professional services (legal, accounting) LEG PRT print ads campaign literature and mailings LIT

transfer between committees of the same candidate/sponsor VOT voter registration

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	O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Adprime	WEB	\neg		1,864.27
New York, NY 10005				
··				
Axonix / Emodo	WEB			3,877.92
San Francisco, CA 94105			•	
Column6	WEB	\neg		552.12
New York, NY 10004				
Connatix	WEB	-	· · · · · · · · · · · · · · · · · · ·	916.34
New York, NY 10012				
			·	
Attach additional information on appropriately labeled continuation sheets.			TOTAL*	\$ 7,210.65

* 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.

Amounts may be rounded to whole dollars.

Stat	ement covers period	CALIFORNIA	400
from	01/01/2024	FORM	460
through	02/17/2024	Page260	f28

I.D. NUMBER

1405775

SCHEDULE G (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RTBiQ, Inc.

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)* office expenses campaign workers' salaries CVC civic donations petition circulating PET t.v. or cable airtime and production costs candidate filing/ballot fees phone banks FIL candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) LEG legal defense 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
Google 1600 Amphitheatre Parkway Mountain View, CA 94043 Includes AdX, Search and YouTube	WEB			8,750.00
•				
Hulu	WEB	T	· · · · · · · · · · · · · · · · · · ·	8,750.00
Santa Monica, CA 90404			•	
				-
Index Exchange	WEB	+-		4,793.19
New York, NY 10007				
OpenX	WEB	+		1,462.96
Pasadena, CA 91105				
Attach additional information on appropriately labeled continuation sheets.	<u></u>		TOTAL*	\$ 23,756.15

* 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 (Continuation Sheet)	
Payments Made by an Agent or Independent	
Contractor (on Behalf of This Committee)	

SCHEDULE G (CONT.) Statement covers period **CALIFORNIA** 01/01/2024

Contractor (of 20 mail of 1 mo commissor)	,	
SEE INSTRUCTIONS ON REVERSE	through02/17/2024	Page27 of28
NAME OF FILER		I.D. NUMBER
California Apartment Association Housing Solutions Committee		1405775

VOT

voter registration

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RTBiQ, Inc.

legal defense

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 RFD returned contributions

CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees phone banks candidate travel, lodging, and meals FIL PHO TRC

PRO

staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* ND POS postage, delivery and messenger services TSF professional services (legal, accounting)

campaign literature and mailings PRT print ads information technology costs (internet, e-mail) ш

^{*} 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
PilotX TV	WEB		3,11,1.19
Laguna Beach, CA 92651			
Pubmatic	WEB		1,733.2
New York, NY 10018			,
		•	
	1	<u> </u>	
Sharethrough	WEB		765.00
New York, NY 10003			
		,	
		,	

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

5,609.36

independent contractor as reported on Schedule E.

Schedule G	
Payments Made by an Agent or Indepen-	dent
Contractor (on Behalf of This Committee	e)

		SCHEDULE G
Stat	ement covers period	CALIFORNIA 160
from	01/01/2024	FORM 460
through	02/17/2024	Page 28 of 28
		I.D. NUMBER

1405775

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Apartment Association Housing Solutions Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Strategy Insights

CODES: If one	of the following	codes accurately	describes th	ne payment,	you may	enter the code.	Otherwise,	describe the	e paymer	ıt.
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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 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)

^{*} 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 LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Encompass Direct Marketing Group	LIT	T	,	4,796.00
Cheyenne, WY 82001				
United States Postal Service	POS	 		7,056.00
Washington, DC 20260				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

11,852.00

^{*} 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.