

Fair Campaign Practices Commission

Open Government Commission

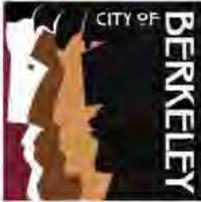
**SUPPLEMENTAL  
AGENDA MATERIAL**

**Meeting Date:** September 19, 2024

**Item Number:** 9

**Submitted By:** Lauren Packard, Acting Secretary

This supplement is to add the investigation report and attachments for this item.



### Fair Campaign Practices Commission

Date: September 13, 2024  
 To: Fair Campaign Practices Commission  
 From: Lauren Packard, Acting Secretary  
 Subject: **Complaint re Californians for Safety and Security**

At its June 20, 2024 meeting, the Commission considered the attached complaint (“Complaint”) (Attachment 1) alleging violations of the Berkeley Election Reform Act (“BERA”) (BMC Ch. 2.12) by the committee Californians for Safety and Security (“Committee”). The Complaint alleges that the Committee failed to include a “Major Funding Provided By” disclaimer on one or more campaign communications as required by Berkeley Municipal Code section 2.12.335. The Committee submitted a response (“Response”) to the Complaint, which is included herein as Attachment 2. The Commission subsequently received an amended complaint (“Amended Complaint”) which reiterated the allegations in the Complaint and added additional allegations. (Attachment 3.) The Committee then submitted another response (the “Second Response”) to the additional allegations (Attachment 8).

The allegations in the Amended Complaint are:

1. Failure to include “Major Funding Provided By” disclaimer on two mailers
2. Failure to include “Major Funding Provided By” disclaimer on one or more Youtube advertisements
3. Failure to include disclaimer on other ads
4. Failure to file Form 462
5. Failure to File disclosures electronically

As discussed below, staff have reviewed the allegations and find that, for allegations 1, 3, 4, and 5, there is no probable cause for the Commission to determine that the committee failed to comply with any BERA requirements. For allegation 2, staff conclude that there is a reasonable basis to believe that the Committee incorrectly disclosed on a YouTube advertisement a contribution of \$2,500 from one contributor, when in fact the correct amount was \$2,250. The Committee corrected this amount on its Form 460. Staff recommend that the Commission either (1) find probable cause to conclude that BERA section 2.12.335 was violated by the inaccurate disclosure on the YouTube advertisement; or (2) decide not to proceed further on the ground that this possible violation has “only a slight impact on the administration of BERA and/or the outcome of any election [such] that further proceeding would be an inefficient use of resources.”

#### **Staff Investigation of Allegations**

##### **1. Failure to include “Major Funding Provided By” disclaimer on two mailers**

The Complaint and Amended Complaint (together “Complaints”) allege that the Committee mailed two mailers which were required to include “Major Funding Provided By” disclaimers.

Section 2.12.335 of the Berkeley Municipal Code requires that

Campaign communications supporting or opposing any candidate or measure shall include the name of the committee and the phrase “Major Funding Provided By” immediately followed by the name of the contributor, the city of domicile, and the total cumulative sum of contributions by each of the top four contributors over [\$270] to the committee funding the expenditure made within six months of the expenditure.

(BMC § 2.12.335.A.)

“Campaign communication” for the purpose of this requirement is defined as “One thousand or more substantially similar pieces of campaign literature, including but not limited to mailers, flyers, pamphlets, and door hangers.”<sup>1</sup> (BMC § 2.12.335.B.1.)

The amended complaint asserts that two mailers were circulated by the Committee which failed to include the required disclaimer. Images of these mailers are included in the Amended Complaint. In its Response, the Committee asserts that the first mailer was not required to include the “Major Funding Provided By” disclaimer because fewer than one thousand copies of the mailer were sent out. As evidence, the Response included a copy of an invoice for the mailer showing that 997 copies of the mailer were circulated. (Attachment 2.) The Second Response included a copy of an invoice for the second mailer showing that 997 copies of the mailer were circulated. (Attachment 8.)

Because fewer than 1,000 copies of each of the mailers were circulated by the Committee, the mailers do not reach the threshold for “campaign communications” for the purpose of the “Major Funding Provided By” disclaimer requirement under Section 2.12.335. Commission staff therefore recommend the Commission find that no probable cause exists to believe that the Committee violated this provision of BERA.

## **2. Failure to include “Major Funding Provided By” disclaimer on one or more YouTube advertisements**

The Complaints further allege that the Committee failed to include the “Major Funding Provided By” disclaimer on a YouTube advertisement. As the Complaint notes, the Committee reported an independent expenditure of \$3,588.24 for “Digital Ads Opposing Soli Alpert” on May 2, 2024. (Form 496, Independent Expenditure Report, filed May 3, 2024.) The Amended Complaint states that “A Berkeley resident informed us of a hit piece against Soli Alpert by Respondent as a video advertisement on YouTube, and that said YouTube hit piece failed to include the BMC 2.12.335 disclosure.” The Complaints did not provide a screenshot or other evidence of the YouTube advertisement’s alleged failure to provide the required disclaimer.

In its Response, the Committee has acknowledged that YouTube ads produced by the Committee “likely qualify as ‘campaign communications’ under section 2.12.335” and asserts that the Committee included the required disclaimer. The Committee provided a screenshot of a YouTube advertisement which includes a disclaimer containing the following:

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<sup>1</sup> The definition also includes paid advertisements, including but not limited to advertisements in newspapers, magazines, and on the Internet, and one thousand or more substantially similar e-mails or pre-recorded telephone calls made within a calendar month.

This advertisement was not authorized by candidate or a committee controlled by a candidate  
Ad paid for by Californians for Safety and Security. Major Funding Provided By.  
Personal Insurance Federation Committee [Sacramento, CA; \$5,000],  
Bulletin Displays, LLC [Long Beach, CA; \$2,500]

This disclaimer on its face appears to satisfy the requirements of Section 2.12.335. However, staff note that in its semi-annual campaign statement (Form 460) for the period ending June 30, 2024, on May 2, 2024, the Committee reported receiving contributions over \$270 from the Personal Insurance Federation Committee in the amount of \$5,000, and from Bulletin Displays, LLC in the amount of \$2,250. (Attachment 4 – Form 460 covering 1/1/2024 – 6/30/2024.) There is therefore a discrepancy between the \$2,500 from Bulletin Displays reported by the Disclaimer, and the \$2,250 from Bulletin Displays reported by the Form 460.

Upon conferring with the Committee, staff have learned that the initial \$2,500 report on the YouTube Disclaimer was inaccurate as a result of an incorrect transcription by the media company that produced the advertisement. (Attachment 8.) The correct contribution amount was \$2,250, which the Committee correctly reported on its Form 460. (Attachment 4).

As a result, there was likely a technical violation of Section 2.12.335, which requires the disclaimer to include “the total cumulative sum of contributions by each of the top four contributors.” However, the harm caused by this possible violation is only slight, because the Committee corrected this reporting error in its Form 460, which was publicly filed approximately a month after the advertisement was produced. The Committee also overreported, rather than understated, the contribution, and the amount of the discrepancy, \$250, is relatively small. Additionally, the advertisement is no longer in circulation, so it cannot be corrected.

Under FCPC Procedures Section VI.B, the Commission may decide that “probable cause exists to believe that BERA has been violated.” Alternatively, the Commission may elect to dismiss a matter (by majority vote) and proceed no further if “evidence of any violation is insufficient or unreliable or if the possible violation has only a slight impact on the administration of BERA and/or the outcome of any election that further proceeding would be an inefficient use of resources.”

Accordingly, the Commission may either (1) find that there is probable cause to conclude that BERA Section 2.12.335 was violated, or (2) find that this possible violation of Section 2.12.335 had only a slight impact on the administration of BERA and/or the outcome of the election, and therefore that the Commission need not proceed further.

### **3. Failure to include disclaimer on other ads**

The Complaints asserts that the alleged failure to include the disclaimer required by Section 2.12.335 in one or more advertisements makes it “likely” that the Committee failed to include required disclaimer language in other advertisements. As discussed above, after reviewing the advertisements identified by the Complaints and the subsequent information provided by the Committee, staff have not identified evidence of failure to include language required by Section 2.12.335. As a result, staff do not believe there is evidence to support a finding that other advertisements failed to meet the requirements for Section 2.12.335.

### **4. Failure to file Form 462**

The Complaints assert that the Committee was required to file a Verification of Independent Expenditures (Form 462) and failed to do so. The Verification of Independents Expenditures is a form filed by a committee making independent expenditures by which the committee's

principal officer certifies that the independent expenditure was made without coordination with the subject candidate, or the candidate's opponent. (Cal. Gov. Code § 84213.) This is a requirement of state law, and the Form 462 is filed with the California Fair Political Practices Commission ("FPPC"). As a result, the form does not appear on the City's Netfile portal. For the foregoing reasons, this portion of the complaint does not articulate a possible violation of BERA.

However, upon request from staff, the Committee submitted evidence that it filed the Form 462 with the FPPC. (Attachment 8.)

## 5. Failure to File Disclosures Electronically

The Complaints assert that the Committee failed to file statements electronically as required by BERA. Section 2.12.032 provides that the following "elected officers, candidates, committees or other persons" are required to file campaign reports or statements as electronic filings:

1. A candidate participating in the City's public financing program
2. An elected officer, candidate, committee, or other person who receives contributions totaling one thousand dollars (\$1,000) or more, or makes expenditures totaling one thousand dollars (\$1,000) or more, in a calendar year.

Municipal Code Section 2.12.095 defines a "committee" as "any person or combination of persons that directly or indirectly receives contributions which total more than one thousand dollars in a calendar year or makes expenditures exceeding more than one thousand dollars in a calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of one or more candidates . . ."

As the Committee has disclosed, it has made expenditures in excess of \$1,000 to oppose the election of a City candidate. As a result, the Committee meets the definition of a "committee" under BERA. It therefore would ordinarily be required to file electronically. It nonetheless filed by paper. City staff have reviewed the City's NetFile system and determined that each of the Committee's filings was done via paper copy, which was stamped by the City Clerk Department and then scanned into the NetFile system.

However, the Committee is a general purpose committee that operates not only in the City of Berkeley but also elsewhere in the state of California. (Attachment 4). Government Code Section 81009.5(b) provides that local government agencies "shall not enact any ordinance imposing filing requirements additional to or different from those" set forth in the State code "unless the additional or different filing requirements apply only to...committees formed or existing primarily to support or oppose a candidate or to support or oppose the qualification of, or passage of, a local ballot measure which is being voted on only in that jurisdiction...."

A "primarily formed committee" means a committee which is "formed or exists primarily to support or oppose" (a) a single candidate, (b) a single measure, (c) a group of candidates being voted on in the same city, county, or multicounty election, or (d) two or more measures being voted on in the same city, county, multicounty, or state election. (Gov. Code § 82047.5.) A committee is considered to be "formed or existing primarily to support or oppose" a candidate or measure if:

- (1) The committee is created for or is involved in running the principal campaign for or against the candidate(s) or measure(s) as listed in Section 82047.5(a) through (d); or
- (2) The committee's primary purpose and activities are to support or oppose candidate(s) or measure(s) as listed in Section 82047.5(a) through (d); or

(3) The committee makes more than 70 percent of its total contributions and expenditures on all candidates and measures (not including administrative overhead) on those specific candidates(s) or measure(s) as listed in Section 82047.5(a) through (d), during the time period specified in subdivision (d)(3).

(Cal. Code Regs., tit. 2, § 18247.5(c).) The period specified in subdivision (d)(3) is the immediately preceding 24 months or the current two-year period beginning with January 1 of an odd-numbered year and ending with December 31 of the following even-numbered year. (*Id.*)

First, there is evidence that the Committee was not created to oppose Soli Alpert's candidacy. Rather, the Committee designates itself as a general purpose committee. (Attachment 4.) There is no evidence that the Committee is involved in running the "principal campaign" against Soli Alpert's candidacy for Berkeley City Council 2024.

Next, there is evidence that the Committee's "primary purpose" is not to oppose Soli Alpert's candidacy for Berkeley City Council 2024. Rather, the Committee supports and opposes a number of different candidates and ballot measures statewide. (See *e.g.* Attachment 5, Schedule D.)

Finally, in the 24 months immediately preceding this inquiry (i.e. the period from September 13, 2022 to September 13, 2024), less than 70% of the Committee's expenditures were to oppose Soli Alpert's candidacy. In this period, \$7,671.20 of Committee expenditures were made to oppose Soli Alpert's candidacy for Berkeley City Council 2024. (Attachments 4, 5, 6, and 7.)<sup>2</sup> During this period, the Committee made \$106,651.01 in expenditures to support or oppose other candidates and measures not on the City of Berkeley 2024 ballot. (*Id.*) Because the monetary threshold in Regulation 18247.5(3) has not been met, there is substantial evidence the Committee was not created for nor is its primary purpose to oppose Soli Alpert's candidacy, and there does not appear to be substantial evidence that the Committee ran the "principal campaign" against Soli Alpert, the Committee most likely does not qualify as a "primarily formed committee" for the purposes of application of the BERA.

Further, the Committee does not qualify as a "City General Purpose Committee" pursuant to Regulation 18227.5(c)(1) because it does not make more than 70 percent of its contributions and expenditures to support or oppose candidates or measures voted on in only one city. (Attachments 4, 5, 6, and 7.)

Therefore, pursuant to Government Code Section 81009.5(b), the City cannot impose electronic reporting requirements on the Committee.

Staff therefore recommend that the Commission find that no probable cause exists to believe that the Committee failed to comply with Section 2.12.032 by filing its reports via paper hardcopy instead of electronically. Staff also note that the paper hardcopies were immediately uploaded electronically by Clerk's office staff, so any harm to the public appears to be negligible.

### **FCPC Procedures for Probable Cause Findings**

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<sup>2</sup> Staff did not calculate the proportion of expenditures attributable to the Soli Alpert opposition candidacy from the two-year period between January 1, 2023 and December 31, 2024 because December 31, 2024 falls in the future so total expenditures in that period cannot be known at this time. The other potential two-year period is January 1, 2021 to December 31, 2022, which is not germane to this inquiry.

Pursuant to the Commission's Procedures, "Probable cause exists when based on the circumstances presented there is a reasonable basis on which to believe that a violation of the BERA has occurred." (FCPC Procedures § VI.B.2.) As discussed above, staff conclude that, with respect to the second allegation regarding YouTube disclaimers, there is reasonable basis to find either (1) that there is probable cause that BERA Section 2.12.335 was violated or (2) that this possible violation of Section 2.12.335 had only a slight impact on the administration of BERA and/or the outcome of the election, and therefore that the Commission need not proceed further. Staff conclude that there is no reasonable basis to believe that the Committee violated any other provisions of the BERA.

If the Commission makes a finding of probable cause, the Commission may take any of the following courses of action:

- a. Dismiss the complaint, where appropriate, and take no further action.
- b. Request the Secretary conduct further investigation, including an audit of campaign records;
- c. Require the timely filing of campaign statements and/or amendments to campaign statements;
- d. Invite the respondent Campaign to participate in settlement negotiations.
- e. Schedule and conduct a hearing pursuant to Section 2.12.230 of BERA.<sup>3</sup>

Attachments:

1. Complaint
2. Committee Response
3. Amended Complaint
4. Form 460 covering 1/1/2024 – 6/30/2024
5. Form 460 covering 1/1/2022 – 12/31/2022
6. Form 460 covering 7/1/2023 – 12/31/2023
7. Form 460 covering 1/1/2023 – 6/30/2023
8. Second Committee Response

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<sup>3</sup> BMC § 2.12.230: After the commission determines there is probable cause for believing that a provision of this chapter has been violated and makes a good faith effort to give reasonable notice to the person or persons involved in the allegation, it may hold a hearing to determine if a violation has occurred, and may determine an appropriate remedy if a violation is found. The hearing pursuant to this section shall be conducted in an impartial manner, consistent with the requirements of due process. A record shall be maintained of the proceedings, and a report summarizing the facts, issues, and any remedial actions shall be issued by the commission following the conclusion of the hearing.

The commission shall conduct such hearings and proceedings with respect to determinations of probable cause pursuant to adopted procedures. All interested persons may participate in the hearing.

**Harvey, Samuel**

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**From:** George Lippman <george@igc.org>  
**Sent:** Thursday, May 30, 2024 1:29 PM  
**To:** FCPC (Fair Campaign Practices Commission)  
**Subject:** Campaign practices complaint against "Californians for Safety and Security"  
**Attachments:** May 23 2024 Campaign Finances Complaint vs. "Californians for Safety and Security".pdf

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Mr. Harvey and Commission,

Please accept this campaign complaint and advise us of the timeline and process for addressing it.

Sincerely yours,

George Lippman  
info@berkeleypeoplesalliance.org  
Treasurer, Berkeley People's Alliance



Restricted



Complaint of Noncompliance  
Berkeley Election Reform Act ("BERA")

Fair Campaign Practices Commission

Full Name: J. George Lippman / Berkeley People's Alliance  
Date: May 30, 2024  
Address: 2015 Solano Street, Berkeley, CA 94704  
E-mail (optional but suggested): jlipp@berkeleypeoplealliance.org  
Phone (optional but suggested): (510) 517-4375

Party or parties alleged to have committed or are about to commit a violation of BERA: 'Citizens for Safety and Security' and its unnamed agents

Clear, concise and accurate statement of the facts that constitute the violation of BERA.  
If additional space is needed, you may attach additional pages.  
See attached complaint

Documents: Attach any documentation supporting the facts alleged.

Statements that are not based upon personal knowledge should identify the source of information that gives rise to the complainant's belief in the truth of such statements.

*I declare under penalty of perjury under the laws of the State of California that all information submitted herein and in the attachments is true and correct.*

Signature J. George Lippman Date May 30, 2024

*\*Use this "Complaint of Noncompliance" form to allege a violation of BERA pursuant to Berkeley Municipal Code Section 2.12.225 and the Procedures of the Fair Campaign Practices Commission.*

# **BERKELEY ITEM NO. 9-ATTACHMENT 1 PEOPLE'S ALLIANCE**

To: Secretary of the Berkeley Fair Campaign Practices Commission:

On behalf of the Berkeley People's Alliance, I, George Lippman (2615 Milvia Street Berkeley, California 94704), hereby lodge the following complaint against "Californians for Safety and Security" (FPPC ID 1448469) and its agents regarding violations of the Berkeley Elections Reform Act.

Additionally, I declare under penalty of perjury under the laws of the state of California that the foregoing complaint is true and correct.

Executed on May 23, 2024

A handwritten signature in black ink that reads "J. George Lippman". The signature is written in a cursive, flowing style.

J. George Lippman  
Treasurer, and on Behalf of  
Berkeley People's Alliance  
info@berkeleypeoplesalliance.org

## Background

The Berkeley Election Reform Act (BERA), BMC 2.12, requires that Campaign Communications<sup>1</sup> include

...the phrase "Major Funding Provided By" immediately followed by the name of the contributor, the city of domicile, and the total cumulative sum of contributions by each of the top four contributors over \$250<sup>2</sup> to the committee funding the expenditure made within six months of the expenditure" ([BMC 2.12.335](#)).

"Californians for Safety and Security"<sup>3</sup> is a committee formed for the purpose of sending anonymous hateful mailers to oppose a Berkeley City Council candidate. 100% of its funding comes from three organizations: The Berkeley Property Owners Association (BPOA)<sup>4</sup> (\$13,500)<sup>5</sup>, the Los Angeles police union<sup>6</sup> (\$49,000)<sup>7</sup>, and the Personal Insurance Federation Committee<sup>8</sup> (\$5,000)<sup>9</sup>. The Personal Insurance Federation Committee made its \$5,000 contribution to Respondent on April 14, 2024<sup>10</sup>; since that money was donated far less than six months before the May 28 special election for City Council District 4, Respondent is mandated to list the Personal Insurance Federation's \$5,000 donation on Campaign Communications.<sup>11</sup>

Respondent has blatantly (and repeatedly) refused to follow this law, thereby corruptly and maliciously misleading the electorate through illegal "dark money" practices.

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<sup>1</sup> Defined in BMC 2.12.335(c)

<sup>2</sup> This amount is indexed to inflation (\$270), but every single donation is magnitudes greater than the inflation-adjusted threshold.

<sup>3</sup> For simplicity and readability purposes, "Californians for Safety and Security" and its agents are henceforth collectively referred to as "Respondent."

<sup>4</sup> More specifically, the "Berkeley Rental Housing Coalition," which is the sponsored political committee of the Berkeley Property Owners Association. However, for simplicity, we refer to them as the Berkeley Property Owners Association (BPOA) throughout this complaint.

<sup>5</sup> [cal-access.sos.ca.gov/Campaign/Committees/Detail.aspx?id=1448469&view=received&session=2021](https://cal-access.sos.ca.gov/Campaign/Committees/Detail.aspx?id=1448469&view=received&session=2021)

<sup>6</sup> More specifically, "Los Angeles Police Protective League PAC - Small Contributor Committee"

<sup>7</sup> *Ibid.*

<sup>8</sup> A sponsored political committee of the Personal Insurance Federation of California, which represents large insurance companies.

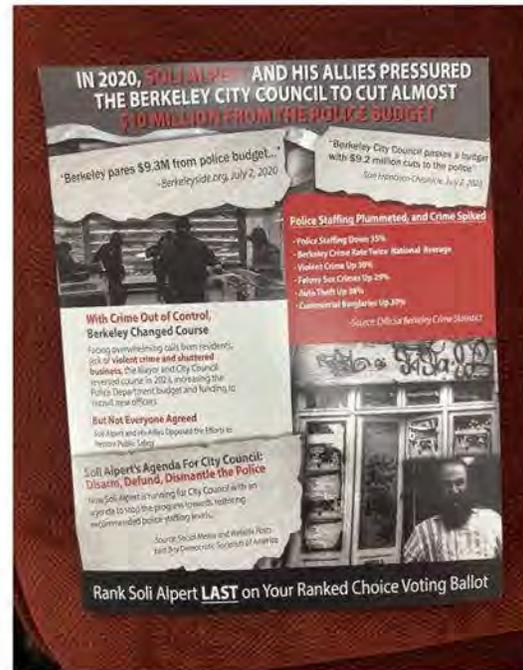
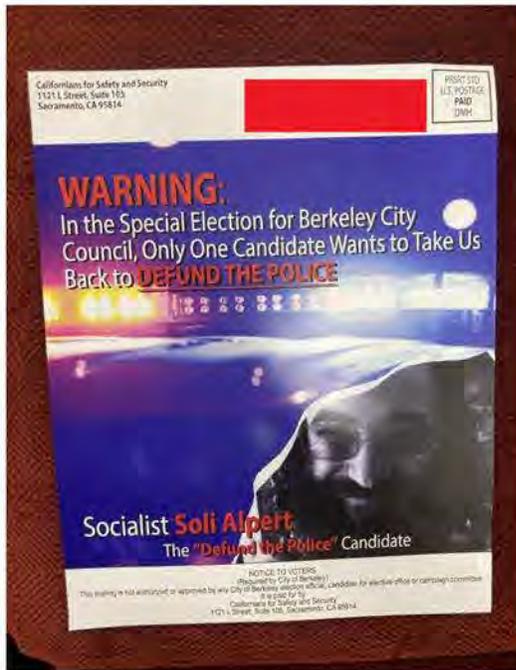
<sup>9</sup> FPPC Form 496, Report No. 2024.31E. Filed by "Californians for Safety and Security" with the City of Berkeley on May 1, 2024. [public.netfile.com/pub2/?aid=BRK](https://public.netfile.com/pub2/?aid=BRK)

<sup>10</sup> *Ibid.*

<sup>11</sup> Unless at least four other sources were to make subsequent cumulative contributions of at least \$5,000 each, thereby taking the four "major funding" spots. However, campaign finance records show that that has not been the case.

## Complaint #1: Failure to include required disclosure on Hit Piece Mailer

On or about April 30, 2024, Respondent mass mailed a hit piece against Soli Alpert. Below is a copy of said hit piece



This hit piece undoubtedly qualifies as a Campaign Communication under BMC 2.12.335; yet, Respondent refused to include the critical major funders disclosure which is legally mandated by that section of BERA.

## Complaint #2: Failure to include required disclosure on Youtube Ad(s)

Respondent's Form 496 (Report No. 2024.41E) shows expenditures for "Digital Ads Opposing Soli Alpert." A Berkeley resident informed us of a hit piece against Soli Alpert by Respondent as a video advertisement on Youtube, and that said Youtube hit piece failed to include the BMC 2.12.335 disclosure.

Based on the description of the ad, it is clear that it qualifies as a Campaign Communication under BMC 2.12.335; yet, Respondent reportedly refused to include the critical major funders disclosure which is legally mandated by that section of BERA.

In summary, it is apparent that Respondent failed to put the mandatory disclosure on the Youtube ad as well. The Commission must subpoena records to confirm that Respondent has been illegally disseminating a hit piece on Youtube without including the legally mandated disclosure statement.

### **Complaint #3: Failure to include required disclosure on Other Political Ad(s)**

Respondent's Form 496 (Report No. 2024.4IE) lists two separate independent expenditures for "Digital Ads Opposing Soli Alpert," both of which are dated May 2. One may reasonably infer that they took out multiple digital hit pieces against Mr. Alpert (in addition to the aforementioned hit piece running on Youtube). Furthermore, it is likely that these one or more additional digital ads qualify as Campaign Communications under BMC 2.12.335.

Given the confirmed refusal to include the mandatory disclosure on the mass mailed hit piece, the reported refusal to include the legally mandated disclosure in the hit piece running on Youtube, and the likelihood that one or more of these additional digital ads qualify as Campaign Communications under BMC 12.12.335, they likely also illegally refused to include such disclosures on one or more other digital ads as well. The Commission must subpoena records to determine just how many digital ads that Respondents have been illegally disseminating without including legally mandated disclosure statements.

### **Aggravating Circumstances**

When sanctioning the Respondent, the Commission should consider the following aggravating circumstances:

- It is virtually impossible to cure these violations.
- Complying with the law's requirements to disclose major funding on these hit pieces would have provided voters with the crucial and legally mandated information that Respondent is a corporate-funded group that is trying to sway their votes. Instead, their refusal to comply with the law misled voters to assume that Respondent is a grassroots-funded organization that received no cumulative donations from a single source of \$250 or more within the previous six months.
- A significant amount of Respondent's budget is provided by the Berkeley Property Owners Association (BPOA)<sup>12</sup>, which represents Berkeley's largest landlords who oppose the candidate who is vice-chair of the Berkeley Rent Stabilization Board.
- Respondent must be aware of its legal requirements under Berkeley law. Just above BMC 2.12.335 (requiring Campaign Communications list major funders) is BMC 2.12.330 (Mass mailings by independent expenditure (required notice)). Respondent's mailer appears to have complied with that requirement, yet does not comply with the very next section of the law because doing so would require them to let voters know who actually funds them.
- Respondent has violated both state and Berkeley campaign finance laws in order to illegally obscure their activity. For instance, despite indicating on their Form 410 that they are a State Committee, they filed their Form 410 with the City of Berkeley instead of with the State. They also appear to have failed to include the disclosures mandated by BMC 12.335 in Campaign Communications they sent about Berkeley's 2022 election. Based on this demonstrated pattern of violations, we request that the Commission thoroughly investigate these and any other potential violations by Respondent that the Commission may uncover.

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<sup>12</sup> See footnote 4

Sanders Political Law  
1121 L Street, Suite 105, Sacramento, CA 95814

June 19, 2024

VIA EMAIL ONLY

Sam Harvey, Esq.  
sharvey@berkeleyca.gov  
Secretary, Berkeley Fair Campaign Practices Commission  
2180 Milvia Street, 4th Floor  
Berkeley, CA 94704

RE: Response to Complaint Filed with Berkeley  
Fair Campaign Practices Commission

Dear Mr. Harvey:

On behalf of my client, Californians for Safety and Security (the “Committee”), we write in response to your June 17, 2024 email regarding a complaint filed with the Berkeley Fair Campaign Practices Commission (the “Commission”) alleging that the Committee violated Berkeley law.

In short, the complaint is simply wrong about material facts and relevant law, and, in so being, fails to state a cause of action upon which the Commission can act. The Committee disseminated mailers and internet video advertisements which fully complied with state and Berkeley law. In addition, the Committee is a state-level committee properly registered and reporting with the Secretary of State. While the Committee understands that certain aspects of the law and facts may be confusing to the complainant, we trust that the information and documentation provided in this response will adequately demonstrate that the Committee fully complied with the law. We respectfully request that you provide this response and attached exhibits for the Commission’s consideration at its June 20<sup>th</sup> meeting, and that the Commission dismiss the complaint at that time.

### **Background**

The Committee was formed in May 2022 as a state general purpose committee. Attached as Exhibit A is a copy of the Committee’s original and most recent registration documents (its “Form 410”), which were properly filed with the Secretary of State. The Committee remains properly registered as a state-level committee, because it has been active in independent expenditure activity throughout the state. For example, it produced independent expenditures for state Assembly candidates in March 2024. Attached as Exhibit B is a copy of two of the Committee’s recent Forms 496, showing that it produced and disseminated advertisements supporting Southern California State Assembly candidates prior to the March 2024 election.

Sam Harvey, Esq.  
Response to Complaint Filed with Berkeley Fair Campaign Practices Commission  
June 19, 2024  
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In April and May 2024, the Committee engaged in independent expenditure activities within the City of Berkeley. The complaint is correct in identifying the Committee as the source of a mailer and internet videos opposing Berkeley City Council candidate Soli Alpert. Attached as Exhibit C is a copy of an invoice related to the mailer referenced in the complaint, showing that the Committee produced fewer than 1,000 mailers. The complaint is also correct in identifying that the Committee properly reported these independent expenditures on 24-hour reports and complied with the mass mailing reporting requirements.

Upon first reporting the Committee's independent expenditures, the City Clerk's office requested that the Committee provide a copy of its Form 410. The Committee's professional treasurer provided a copy of the Form 410 upon that office's request, and only after confirming with the City Clerk that the provision of a Form 410 was not required by Berkeley law. In other words, the Committee did not submit its Form 410 to register itself as a City-level committee, and it has never acted as, or understood itself to be, a City committee. Attached as Exhibit D is a copy of the email exchange between the City Clerk's office and the Committee's professional treasurer, showing that the City Clerk's office requested the Committee's Form 410 and understood such provision was not required by Berkeley law.

The Committee understands that the City has uploaded its Form 410 onto the City's campaign finance disclosure website, and incorrectly designated that Form 410 as an "original" filing. The Committee respectfully requests that the City act to correct its campaign finance disclosure website to avoid understandable confusion by the public.

On or about May 30, 2024, George Lippman and the "Berkeley People's Alliance" filed a complaint with the Commission alleging that the Committee violated Berkeley law. The complaint alleges three violations. First, it alleges that the Committee failed to include the correct disclaimer on a mail piece. Second, it alleges that the Committee failed to include the correct disclaimer on its YouTube videos. And third, it alleges that the Committee may have produced other ads which may have included the incorrect disclaimer. The complaint further alleges (though only as an "aggravating circumstance") that the Committee was only recently formed as a City committee and improperly designated itself as a state committee on its Form 410. As discussed in detail below, each of these claims is incorrect, and the Committee fully complied with the law.

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Sam Harvey, Esq.  
Response to Complaint Filed with Berkeley Fair Campaign Practices Commission  
June 19, 2024  
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### Legal Analysis

#### A. The Committee Produced Mailer and Video Advertisements With Correct Disclaimers.

As the Commission knows, independent expenditure advertisements in Berkeley are required to include “disclaimers” – language on the face of the ads disclosing the party responsible for their production. Several different laws set forth disclaimer requirements which differ (sometimes greatly) depending on the content, type and medium of the advertisement.

As the complaint sets forth, Berkeley Municipal Code section 2.12.335 requires committees producing a “campaign communication” to include the name and other details of its four largest contributors from the six months prior to the production of a specific advertisement. The complaint, however, omits the fact that section 2.12.335 defines “campaign communication” to include, among other things, “one thousand or more substantially similar pieces of campaign literature, including but not limited to mailers, flyers, pamphlets, and door hangers.” In other words, mailers produced in a quantity of fewer than one thousand substantially similar units are not a “campaign communication” under section 2.12.335.

In addition, Berkeley Municipal Code section 2.12.330 also sets forth disclaimer requirements for independent expenditure mass mailings, and California Government Code sections 84501-84511 set forth disclaimer requirements for political advertisements of all types and media.

The Committee did produce an independent expenditure mailer in late April 2024, which was provided to the Commission in the complaint. The complaint, however, does not mention that the Committee produced fewer than 1,000 of these mailers, as demonstrated by Exhibit B. As a result, section 2.12.335’s contributor disclosure requirements did not apply to that mailer. The mailer properly included all required disclosures under other applicable laws, including state law and Berkeley Municipal Code section 2.12.330. Therefore, the mailer complied with the law.

The Committee also produced internet video advertisements. While the complaint alleges that “A Berkeley resident informed us . . . that said YouTube hit piece failed to include the [section] 2.12.335 disclosure,” that third-party information was simply incorrect. The Committee understood that video advertisements likely qualify as “campaign communications” under section 2.12.335, and therefore included the required contributor disclosures on the face

Sam Harvey, Esq.  
Response to Complaint Filed with Berkeley Fair Campaign Practices Commission  
June 19, 2024  
Page 4 of 5

of all of its internet video advertisements<sup>1</sup>. The video advertisements also satisfied all other relevant disclaimer requirements of Berkeley and state law. Attached as Exhibit E is a screenshot of one such video, which shows the disclaimer that the Committee used on all video advertisements. (Please note that Exhibit E may not exactly capture the screen dimensions.) Therefore, the video ads complied with the law.

The Committee reported its internet video advertisements on two separate 24 hours reports, because two separate payments were made for internet video advertisements. It seems that this reporting confused the complainant, which stated that the Committee “took out multiple digital hit pieces against Mr. Alpert. . . [and that] it is likely that these one or more additional digital ads qualify as Campaign Communications under [section] 2.12.335.” To the extent the complaint alleges that other advertisements were disseminated, it is simply incorrect. The Committee only produced internet video advertisements which complied with the law.

In sum, the Committee properly complied with all Berkeley and state disclaimer laws, and the complaint – in omitting material facts and law – fails to state a claim upon which the Commission can act.

B. The Committee Is a State Committee Which Complied With All Required and Requested Reporting and Registration Requirements.

Though not specified as an alleged violation, the complaint references the Committee’s 410 filing with the City as an “aggravating circumstance.” Because the complaint contains what would be a violation of the law, the Committee would like to clarify that it is properly operating, registered and reporting as a state committee, and – as demonstrated by Exhibits A and D – filed its Form 410 at the request of the City Clerk’s office after confirming that such a provision was not required by Berkeley law. The Committee understands how Berkeley’s campaign finance disclosure website could be confusing to the complainant and Commissioners, and hopes that this clarification serves to further demonstrate the Committee’s commitment to legal compliance.

\* \* \*

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<sup>1</sup> The Committee received only two contributions in the six months prior to producing the internet video advertisements. As required by section 2.12.335, those two contributors are disclosed on the face of the advertisements. Older contributions, including contributions highlighted in the complaint, occurred in prior years and are not disclosable on the face of an advertisement. (Indeed, failing to comply with the temporal limits of the law could permit political advertisements to obfuscate recent donors and subvert the purpose of the ordinance.)

## ITEM NO. 9-ATTACHMENT 2

Sam Harvey, Esq.  
Response to Complaint Filed with Berkeley Fair Campaign Practices Commission  
June 19, 2024  
Page 5 of 5

Thank you for the opportunity to respond to the complaint against the Committee. We are happy to provide additional information and documentation at your request, but hope that this letter can fully resolve the matter by providing the Commission with enough evidence to dismiss the complaint at the Commission's June 20<sup>th</sup> meeting.

Sincerely,



Nicholas L. Sanders

NLS

Attachments-

- Exhibit A (Committee's original and most recent Forms 410)
- Exhibit B (Committee's recent state-level Forms 496)
- Exhibit C (Mailer invoice)
- Exhibit D (Emails between Committee treasurer and City Clerk's office)
- Exhibit E (Screenshot exemplar of Committee's video disclaimer)

# EXHIBIT A

(Committee's original and most recent Form 410)

Statement of Organization Recipient Committee

R  
G<sup>34</sup>

1448469

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5 of the State of California
<input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp  
**RECEIVED AND FILED**  
In the office of the Secretary of State  
of the State of California  
**MAY 19 2022**

**CALIFORNIA FORM 410**  
For Official Use Only  
*R/A*

**1. Committee Information** I.D. Number (if applicable) **PENDING** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
CALIFORNIANS FOR SAFETY AND SECURITY

STREET ADDRESS (NO P.O. BOX)  
150 POST STREET, SUITE 405

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN FRANCISCO	CA	94108	(415) 732-7700

FULL MAILING ADDRESS (IF DIFFERENT)  
1121 L STREET, SUITE 105 SACRAMENTO, CA 95814

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
CAMPAIGN@CAMPAIGNLAWYERS.COM

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
SAN FRANCISCO	STATEWIDE

NAME OF TREASURER  
NICHOLAS SANDERS

STREET ADDRESS (NO P.O. BOX)  
1121 L STREET, SUITE 105

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SACRAMENTO	CA	95814	(415) 732-7700

NAME OF ASSISTANT TREASURER, IF ANY  
JOHN BLATTNER

STREET ADDRESS (NO P.O. BOX)  
1121 L STREET, SUITE 105

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SACRAMENTO	CA	95814	(415) 732-7700

NAME OF PRINCIPAL OFFICER(S)  
RUSSELL LOWERY

STREET ADDRESS (NO P.O. BOX)  
1121 L STREET, SUITE 105

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SACRAMENTO	CA	95814	(415) 732-7700

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 17 May 2022 By *[Signature]*  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2 of 3

COMMITTEE NAME

CALIFORNIANS FOR SAFETY AND SECURITY

I.D. NUMBER

PENDING

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF SAN FRANCISCO	AREA CODE/PHONE (415) 744-6700	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 575 MARKET STREET, SUITE 900	CITY SAN FRANCISCO	STATE CA
		ZIP CODE 94105

**4. Type of Committee** Complete the applicable sections

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 3 of 3

COMMITTEE NAME

CALIFORNIANS FOR SAFETY AND SECURITY

I.D. NUMBER

PENDING

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

TO SUPPORT AND OPPOSE LOCAL AND STATE CANDIDATES AND MEASURES.

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization  
Recipient Committee**

Date Stamp	<b>CALIFORNIA FORM 410</b>
	For Official Use Only

**Statement Type**

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>10</u> / <u>27</u> / 2022	Date of termination ____ / ____ / ____

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		(If applicable) 1448469		NAME OF TREASURER			
Californians for Safety and Security				Trish Mayer			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
1121 L Street, Suite 105				1121 L Street, Suite 105		Sacramento CA 95814	
CITY STATE ZIP CODE AREA CODE/PHONE				EMAIL ADDRESS OF TREASURER (REQUIRED)			
Sacramento CA 95814 (916) 242-7414				tmayer@comcast.net (916) 705-4284			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
				Nicholas Sanders			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
tmayer@comcast.net				1121 L Street, Suite 105		Sacramento CA 95814	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
Sacramento Statewide				nicholas@sanderspoliticallaw.com (916) 242-7414			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				Russell Lowery			
				STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
				1121 L Street, Suite 105		Sacramento CA 95814	
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
				tmayer@comcast.net (916) 242-7414			

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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	<u>04/19/2024</u>	By	<u>Trish Mayer</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Californians for Safety and Security	I.D. NUMBER 1448469
--	------------------------

**All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS California Bank & Trust - Trish Mayer	AREA CODE/PHONE (213) 228-1709	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 550 S. Hope Street, Suite 100	CITY Los Angeles	STATE CA	ZIP CODE 90071

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**ITEM NO. 9-ATTACHMENT 2**

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Californians for Safety and Security

I.D. NUMBER  
1448469

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee
- COUNTY Committee
- STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support and oppose state and local candidates and measures.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

ITEM NO. 9-ATTACHMENT 2

# Form 410 AT 2

Final Audit Report

2024-04-19

Created:	2024-04-19
By:	Trish Mayer (trmayer@comcast.net)
Status:	Signed
Transaction ID:	CBJCHBCAABAAoKg3Gc0i6e4vcJMvITG4pmR19kwum1W4

## "Form 410 AT 2" History

-  Document created by Trish Mayer (trmayer@comcast.net)  
2024-04-19 - 4:06:14 PM GMT- IP address: 104.220.127.224
-  Document emailed to Trish Mayer (trmayer@comcast.net) for signature  
2024-04-19 - 4:06:17 PM GMT
-  Email viewed by Trish Mayer (trmayer@comcast.net)  
2024-04-19 - 4:07:24 PM GMT- IP address: 104.220.127.224
-  Document e-signed by Trish Mayer (trmayer@comcast.net)  
Signature Date: 2024-04-19 - 4:07:56 PM GMT - Time Source: server- IP address: 104.220.127.224
-  Agreement completed.  
2024-04-19 - 4:07:56 PM GMT

# EXHIBIT B

(Committee's recent state-level Forms 496)

Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Californians for Safety and Security			<b>Date of This Filing</b> <u>03/02/2024</u>		Date Stamp		<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 496                 </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)242-7414		<b>I.D. NUMBER (if applicable)</b> 1448469		<b>Report No.</b> <u>2024.21E</u>		Page 1 of 3	
<b>STREET ADDRESS</b> _____							
<b>CITY</b> Sacramento		<b>STATE</b> CA		<b>ZIP CODE</b> 95814		<b>No. of Pages</b> <u>3</u>	

1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Jose Luis Solache				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> _____					
<b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b> State Assembly Person District 62		SUPPORT X	OPPOSE	<b>BALLOT NO./LETTER</b> _____		<b>JURISDICTION</b> _____		SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
03/01/2024	Billboards Memo Reference: PDT:S496:21	\$1,125.00

Reason for Amendment:

Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA FORM 496**  
I.D. NUMBER (If applicable)

NAME OF FILER

**3. Contributions of \$100 or More Received\***

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	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Californians for Safety and Security			<b>Date of This Filing</b> _____ 03/02/2024		Date Stamp		<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 496                 </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)242-7414		<b>I.D. NUMBER (if applicable)</b> 1448469		<b>Report No.</b> _____ 2024.11E		Page 1 of 3	
<b>STREET ADDRESS</b> _____			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)				
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814		<b>No. of Pages</b> _____ 3			

1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Mike Gipson				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> _____					
<b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b> State Assembly Person District 65		<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b> _____		<b>JURISDICTION</b> _____		<b>SUPPORT</b>	<b>OPPOSE</b>

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
03/01/2024	Billboards Memo Reference: PDT:S496:20	\$1,125.00

Reason for Amendment:

Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA FORM 496**

NAME OF FILER  
Californians for Safety and Security

I.D. NUMBER (If applicable)  
1448469

**3. Contributions of \$100 or More Received\***

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	INTEREST RATES
2/28/2024	Bulletin Displays, LLC(Mark Kudler) Long Beach, CA 90805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,250.00	If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



**EXHIBIT C**  
(Mailer invoice)

# ITEM NO. 9-ATTACHMENT 2

Invoice



**DMH Meyer, Inc.**  
 1560-1 Newbury Rd, #212  
 Newbury Park, CA 91320

Date	Invoice #
4/30/2024	2231

Phone # (714)404-7610      darin@dmhmeyer.com  
 darin@dmhmeyer.com

Bill To
Hexacom Group Jeff Flint

Ship To

Project	Terms	Rep	Ship	Via	P.O. Number	F.O.B.
Berkeley Postcard #1	Due on receipt	DMH	4/30/2024	US Mail		

Description	Quantity	Stock	Fold	Price ...	Amount
8.5 x 11 Postcard, 4/4, Film, Plates, Printing, List Processing, Inkjet Addressing, Sorting and Mailing	997	100 Gloss Cover	Flat	0.93781	935.00T
Shipping to 2 DDU's	1			100.00	100.00
USPS Postage	997			0.39382	392.64

<b>Subtotal</b>	\$1,427.64	<b>Sales Tax (7.25%)</b>	\$67.79	<b>Total</b>	\$1,495.43
<b>Signature</b>				<b>Payments/Credits</b>	\$0.00
				<b>Balance Due</b>	\$1,495.43

# EXHIBIT D

(Emails between Committee treasurer and City Clerk's office)

## ITEM NO. 9-ATTACHMENT 2

**From:** [Elections](#)  
**To:** [trmayer@comcast.net](mailto:trmayer@comcast.net)  
**Cc:** [Elections](#)  
**Subject:** RE: Late Independent Expenditure Report Attached  
**Date:** Tuesday, November 8, 2022 10:32:45 AM

---

Hi Trish,  
It's not a requirement. We ask for this information to have everyone in the same email when corresponding.

Sincerely,  
Neetu Salwan  
Assistant City Clerk  
Berkeley City Clerk Department  
[elections@cityofberkeley.info](mailto:elections@cityofberkeley.info)  
510.981.6908

---

**From:** trmayer@comcast.net <trmayer@comcast.net>  
**Sent:** Tuesday, November 8, 2022 10:21 AM  
**To:** Elections <elections@cityofberkeley.info>  
**Subject:** RE: Late Independent Expenditure Report Attached

I can try to get it for you. Can you tell me why you need this information? Is it part of your campaign ordinance?

---

**From:** Elections <[elections@cityofberkeley.info](mailto:elections@cityofberkeley.info)>  
**Sent:** Tuesday, November 8, 2022 10:19 AM  
**To:** [trmayer@comcast.net](mailto:trmayer@comcast.net)  
**Cc:** Elections <[elections@cityofberkeley.info](mailto:elections@cityofberkeley.info)>  
**Subject:** RE: Late Independent Expenditure Report Attached

Hi Trish,

Do you have Nicholas Sanders and Russell Lowery's email addresses?

Sincerely,  
Neetu Salwan  
Assistant City Clerk  
Berkeley City Clerk Department  
[elections@cityofberkeley.info](mailto:elections@cityofberkeley.info)  
510.981.6908

---

**From:** [trmayer@comcast.net](mailto:trmayer@comcast.net) <[trmayer@comcast.net](mailto:trmayer@comcast.net)>  
**Sent:** Tuesday, November 8, 2022 10:03 AM

## ITEM NO. 9-ATTACHMENT 2

**To:** Elections <[elections@cityofberkeley.info](mailto:elections@cityofberkeley.info)>

**Subject:** RE: Late Independent Expenditure Report Attached

Hi Neetu,

Attached is a copy of the Form 410 – Statement of Organization per our phone conversation a little while ago. Please let me know if you need anything more.

Thanks!

Trish

*Trish Mayer*

916-705-4284

[trmayer@comcast.net](mailto:trmayer@comcast.net)

---

**From:** Elections <[elections@cityofberkeley.info](mailto:elections@cityofberkeley.info)>

**Sent:** Monday, November 7, 2022 4:15 PM

**To:** [trmayer@comcast.net](mailto:trmayer@comcast.net)

**Cc:** Elections <[elections@cityofberkeley.info](mailto:elections@cityofberkeley.info)>

**Subject:** RE: Late Independent Expenditure Report Attached

Received.

Sincerely,

Neetu Salwan

Assistant City Clerk

Berkeley City Clerk Department

[elections@cityofberkeley.info](mailto:elections@cityofberkeley.info)

510.981.6908

---

**From:** [trmayer@comcast.net](mailto:trmayer@comcast.net) <[trmayer@comcast.net](mailto:trmayer@comcast.net)>

**Sent:** Friday, November 4, 2022 6:32 PM

**To:** City Clerk <[clerk@cityofberkeley.info](mailto:clerk@cityofberkeley.info)>

**Subject:** Late Independent Expenditure Report Attached

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hello Berkeley City Clerk:

On behalf of Californians for Safety and Security, attached is a Late Independent Expenditure Report (Form 496) opposing Measure L and a copy of the banner ad.

**Kindly acknowledge receipt of this filing** and let me know if you have any questions.

## ITEM NO. 9-ATTACHMENT 2

Thank you!

Trish

*Trish Mayer*  
916-705-4284  
[trmayer@comcast.net](mailto:trmayer@comcast.net)

# EXHIBIT E

(Screenshot exemplar of Committee's video disclaimer)



This advertisement was not authorized by candidate or a committee controlled by a candidate

Ad paid for by Californians for Safety and Security. Major Funding Provided By.

Personal Insurance Federation Committee [Sacramento, CA; \$5,000],

Bulletin Displays, LLC [Long Beach, CA; \$2,500]

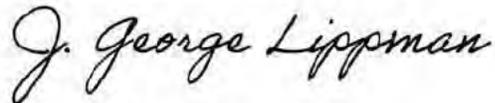
**BERKELEY ITEM NO. 9-ATTACHMENT 3  
PEOPLE'S ALLIANCE**

To: Secretary of the Berkeley Fair Campaign Practices Commission:

On behalf of the Berkeley People's Alliance, I, George Lippman (2615 Milvia Street Berkeley, California 94704), hereby lodge the following amended complaint against "Californians for Safety and Security" (FPPC ID 1448469) and its agents regarding violations of the Berkeley Elections Reform Act.

Additionally, I declare under penalty of perjury under the laws of the state of California that the foregoing complaint is true and correct.

Executed on June 17, 2024



J. George Lippman  
Treasurer, and on Behalf of  
Berkeley People's Alliance  
info@berkeleypeoplesalliance.org

## Background

The Berkeley Election Reform Act (BERA), BMC 2.12, requires that Campaign Communications<sup>1</sup> include

...the phrase "Major Funding Provided By" immediately followed by the name of the contributor, the city of domicile, and the total cumulative sum of contributions by each of the top four contributors over \$250<sup>2</sup> to the committee funding the expenditure made within six months of the expenditure" ([BMC 2.12.335](#)).

"Californians for Safety and Security"<sup>3</sup> is a committee formed for the purpose of sending anonymous hateful mailers to oppose a Berkeley City Council candidate. 100% of its funding comes from three organizations: The Berkeley Property Owners Association (BPOA)<sup>4</sup> (\$13,500)<sup>5</sup>, the Los Angeles police union<sup>6</sup> (\$49,000)<sup>7</sup>, and the Personal Insurance Federation Committee<sup>8</sup> (\$5,000)<sup>9</sup>. The Personal Insurance Federation Committee made its \$5,000 contribution to Respondent on April 14, 2024<sup>10</sup>; since that money was donated far less than six months before the May 28 special election for City Council District 4, Respondent is mandated to list the Personal Insurance Federation's \$5,000 donation on Campaign Communications.<sup>11</sup>

Respondent has blatantly (and repeatedly) refused to follow this law, thereby corruptly and maliciously misleading the electorate through illegal "dark money" practices.

---

<sup>1</sup> Defined in BMC 2.12.335(c)

<sup>2</sup> This amount is indexed to inflation (\$270), but every single donation is magnitudes greater than the inflation-adjusted threshold.

<sup>3</sup> For simplicity and readability purposes, "Californians for Safety and Security" and its agents are henceforth collectively referred to as "Respondent."

<sup>4</sup> More specifically, the "Berkeley Rental Housing Coalition," which is the sponsored political committee of the Berkeley Property Owners Association. However, for simplicity, we refer to them as the Berkeley Property Owners Association (BPOA) throughout this complaint.

<sup>5</sup> [cal-access.sos.ca.gov/Campaign/Committees/Detail.aspx?id=1448469&view=received&session=2021](https://cal-access.sos.ca.gov/Campaign/Committees/Detail.aspx?id=1448469&view=received&session=2021)

<sup>6</sup> More specifically, "Los Angeles Police Protective League PAC - Small Contributor Committee"

<sup>7</sup> *Ibid.*

<sup>8</sup> A sponsored political committee of the Personal Insurance Federation of California, which represents large insurance companies.

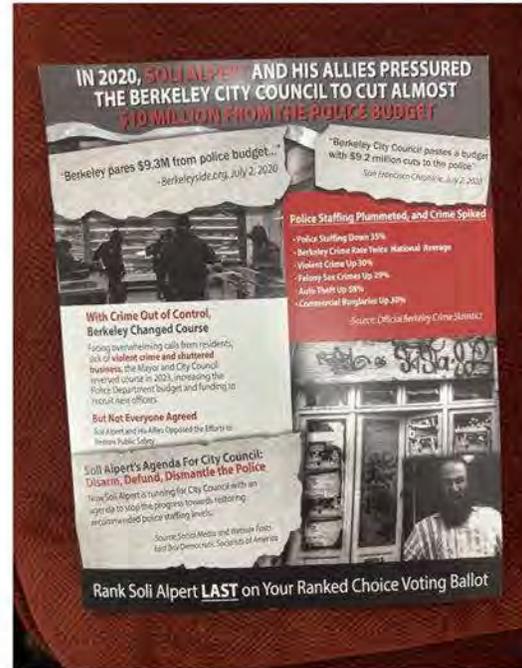
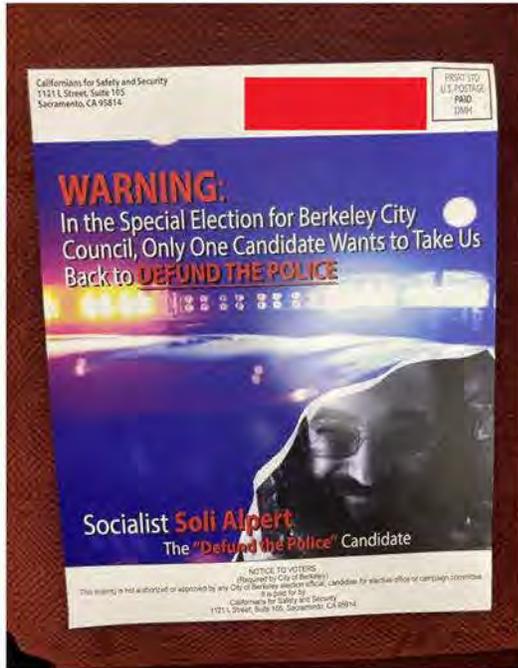
<sup>9</sup> FPPC Form 496, Report No. 2024.31E. Filed by "Californians for Safety and Security" with the City of Berkeley on May 1, 2024. [public.netfile.com/pub2/?aid=BRK](https://public.netfile.com/pub2/?aid=BRK)

<sup>10</sup> *Ibid.*

<sup>11</sup> Unless at least four other sources were to make subsequent cumulative contributions of at least \$5,000 each, thereby taking the four "major funding" spots. However, campaign finance records show that that has not been the case.

**Complaint #1: Failure to include required disclosure on Hit Piece Mailer**

On or about April 30, 2024, Respondent mass mailed a hit piece against candidate Soli Alpert. Below is a copy of said hit piece.



This hit piece undoubtedly qualifies as a Campaign Communication under BMC 2.12.335; yet, Respondent refused to include the critical major funders disclosure which is legally mandated by that section of BERA.

**Complaint #2: Failure to include required disclosure on Hit Piece Mailer #2**

On or about May 15, 2024, Respondent mass mailed a second hit piece against Soli Alpert. Below is a copy of said hit piece.

**Council Candidate Soli Alpert's Failed Ideas - In His Own Words**

**RESTORING PUBLIC SAFETY**  
"Disarm, Defund, Dismantle" the Police  
"Reduce the Scope of Police..."  
"Berkeley is not more dangerous than other jurisdictions..."  
"I don't believe that surveillance cameras are an effective way of addressing crime in our Downtown..."

**ADDRESSING HOMELESSNESS IN DOWNTOWN**  
"I don't think enforcing the [City's] sidewalk ordinance is an effective way of addressing homelessness..."

**WE DON'T NEED SOLI ALPERT'S FAILED IDEAS ON THE CITY COUNCIL**

Californians for Safety and Security  
1121 L Street, Suite 105  
Sacramento, CA 95814

PRE-PAID  
U.S. POSTAGE  
PAID  
0961

**Rampant Crime and Chronic Homelessness Plague Downtown Berkeley**

**Socialist Soli Alpert Offers the Same Tired & Failed Solutions for City Council**

**DON'T SUPPORT SOLI ALPERT FOR CITY COUNCIL**

**NOTICE TO VOTERS**  
(Required by City of Berkeley)  
This mailing is not authorized or approved by any City of Berkeley election official, candidate for elective office, or campaign committee.  
It is paid for by:  
Californians for Safety and Security  
1121 L Street, Suite 105, Sacramento, CA 95814

This hit piece undoubtedly qualifies as a Campaign Communication under BMC 2.12.335; yet, Respondent refused to include the critical major funders disclosure which is legally mandated by that section of BERA.

**Complaint #3: Failure to include required disclosure on Youtube Ad(s)**

Respondent's Form 496 (Report No. 2024.41E) shows expenditures for "Digital Ads Opposing Soli Alpert." A Berkeley resident informed us of a hit piece against Soli Alpert by Respondent as a video advertisement on Youtube, and that said Youtube hit piece failed to include the BMC 2.12.335 disclosure.

## ITEM NO. 9-ATTACHMENT 3

Based on the description of the ad, it is clear that it qualifies as a Campaign Communication under BMC 2.12.335; yet, Respondent reportedly refused to include the critical major funders disclosure which is legally mandated by that section of BERA.

In summary, it is apparent that Respondent failed to put the mandatory disclosure on the Youtube ad as well. The Commission must subpoena records to confirm that Respondent has been illegally disseminating a hit piece on Youtube without including the legally mandated disclosure statement.

### **Complaint #4: Failure to include required disclosure on Other Political Ad(s)**

Respondent's Form 496 (Report No. 2024.41E) lists two separate independent expenditures for "Digital Ads Opposing Soli Alpert," both of which are dated May 2. One may reasonably infer that they took out multiple digital hit pieces against Mr. Alpert (in addition to the aforementioned hit piece running on Youtube). Furthermore, it is likely that these one or more additional digital ads qualify as Campaign Communications under BMC 2.12.335.

Given the confirmed refusal to include the mandatory disclosure on the mass mailed hit piece, the reported refusal to include the legally mandated disclosure in the hit piece running on Youtube, and the likelihood that one or more of these additional digital ads qualify as Campaign Communications under BMC 12.12.335, they likely also illegally refused to include such disclosures on one or more other digital ads as well. The Commission must subpoena records to determine just how many digital ads that Respondents have been illegally disseminating without including legally mandated disclosure statements.

### **Complaint #5: Failure to File Required Disclosure(s)**

A committee is required to file Form 462 within 10 days from the date of an independent expenditure that totals, in the aggregate, \$1,000 or more in a calendar year to support or oppose a candidate or measure. Respondent's expenditures in this election hit that dollar threshold when they began their first hit piece against Soli Alpert, yet they refused to file Form 462 within 10 days as required by law. In fact, Respondent then repeatedly continued to make additional independent expenditures (i.e. additional hit pieces against Soli Alpert) and refused to ever file a Form 462, as required by law.

### **Complaint #6: Failure to File ANY AND ALL Required Campaign Finance Disclosures**

[Berkeley Municipal Code 2.12.032](#) requires that any committee "who receives contributions totaling one thousand dollars (\$1,000) or more, or makes expenditures totaling one thousand dollars (\$1,000) or more, in a calendar year" must file all reports and statements electronically. From the moment that Respondents intervened in this election, they hit the dollar threshold, requiring them to file their reports and disclosures electronically. This has also been true for previous Berkeley elections for which they have intervened. Yet according to Netfile, every single filing Respondents have ever made has been done as hard copy, not as an electronic filing. The failure of the Respondents to file electronically is a clear and repeated violation of the Berkeley law.

### **Aggravating Circumstances**

## ITEM NO. 9-ATTACHMENT 3

When sanctioning the Respondent, the Commission should consider the following aggravating circumstances:

- It is virtually impossible to cure these violations.
- Complying with the law's requirements to disclose major funding on these hit pieces would have provided voters with the crucial and legally mandated information that Respondent is a corporate-funded group that is trying to sway their votes. Instead, their refusal to comply with the law misled voters to assume that Respondent is a grassroots-funded organization that received no cumulative donations from a single source of \$250 or more within the previous six months.
- A significant amount of Respondent's budget is provided by the Berkeley Property Owners Association (BPOA)<sup>12</sup>, which represents Berkeley's largest landlords who oppose the candidate who is vice-chair of the Berkeley Rent Stabilization Board.
- Respondent must be aware of its legal requirements under Berkeley law. Just above BMC 2.12.335 (requiring Campaign Communications list major funders) is BMC 2.12.330 (Mass mailings by independent expenditure (required notice)). Respondent's mailer appears to have complied with that requirement, yet does not comply with the very next section of the law because doing so would require them to let voters know who actually funds them.
- Respondent has violated both state and Berkeley campaign finance laws in order to illegally obscure their activity. For instance, despite indicating on their Form 410 that they are a State Committee, they filed their Form 410 with the City of Berkeley instead of with the State. They also appear to have failed to include the disclosures mandated by BMC 12.335 in Campaign Communications they sent about Berkeley's 2022 election. Based on this demonstrated pattern of violations, we request that the Commission thoroughly investigate these and any other potential violations by Respondent that the Commission may uncover.

---

<sup>12</sup> See footnote 4

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 2001/02 FORM	460
Page <u>1</u> of <u>17</u>		
For Official Use Only		

Statement covers period  
 from 01/01/2024  
 through 06/30/2024

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.

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

## 2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

## 3. Committee Information

I.D. NUMBER  
1448469

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
 Californians for Safety and Security

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)242-7414

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS  
 trmayer@comcast.net

## Treasurer(s)

NAME OF TREASURER  
 Trish Mayer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	9167054284

NAME OF ASSISTANT TREASURER, IF ANY  
 Nicholas Sanders

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-242-7414

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 07/22/2024 By Trish Mayer  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

ITEM NO. 9-ATTACHMENT 4

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 17

**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 to make expenditures on behalf of your candidacy.

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

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY      STATE      ZIP CODE      AREA CODE/PHONE

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

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY      STATE      ZIP CODE      AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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
-----------------------------------	-----------------------	---

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
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**ITEM NO. 9-ATTACHMENT 4**

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2024</u> through <u>06/30/2024</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>17</u>
	I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$16,000.00	\$16,000.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$16,000.00	\$16,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$2,250.00	\$2,250.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$18,250.00	\$18,250.00

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

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

**Expenditures Made**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$12,100.20	\$12,100.20
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$12,100.20	\$12,100.20
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$150.00	\$49,871.34
10. Nonmonetary Adjustment	Schedule C, Line 3	\$2,250.00	\$2,250.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$14,500.20	\$64,221.54

**Expenditure Limit Summary for State Candidates**

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

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

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$3,696.33
13. Cash Receipts	Column A, Line 3 above	\$16,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00
15. Cash Payments	Column A, Line 8 above	\$12,100.20
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$7,596.13
If this is a termination statement, Line 16 must be zero.		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00

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).

**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	\$49,871.34

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

ITEM NO. 9-ATTACHMENT 4

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	06/30/2024	Page 4 of 17
NAME OF FILER Californians for Safety and Security		I.D. Number 1448469

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
4/16/2024	Personal Insurance Federation Committee Sacramento, CA 95814 Committee ID: 1304253	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
6/6/2024	Berkeley Property Owners Assn. DBA Berkeley Rental Housing Coalition Berkeley, CA 94704	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$11,000.00	\$11,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$16,000.00

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$16,000.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$16,000.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

ITEM NO. 9-ATTACHMENT 4

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2024  
through 06/30/2024

**CALIFORNIA FORM 460**  
Page 5 of 17  
I.D. NUMBER  
1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<b>SUBTOTALS</b>								

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on Schedule E, Line 3)

\* Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual    COM-Recipient Committee (other than PTY or SCC)    OTH-Other    PTY-Political Party    SCC-Small Contributor Committee

ITEM NO. 9-ATTACHMENT 4

**Schedule B - Part 2  
Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>01/01/2024</u> through <u>06/30/2024</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>17</u>
I.D. Number 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	

**SUBTOTAL**

Enter on Summary Page, Line 17 only.

ITEM NO. 9-ATTACHMENT 4

**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2024</u> through <u>06/30/2024</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>17</u>
I.D. Number 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2024	Bulletin Displays, LLC(Mark Kudler) Long Beach, CA 90805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Donation of Billboards for Gipson and Solache IEs	\$2,250.00	\$2,250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$2,250.00

**Schedule C Summary**

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$2,250.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL</b> \$2,250.00

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

ITEM NO. 9-ATTACHMENT 4

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2024  
through 06/30/2024

SCHEDULE D

**CALIFORNIA FORM 460**

Page 8 of 17

I.D. NUMBER  
1448469

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Californians for Safety and Security

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)
3/1/2024	Payee Name: Gipson for Assembly 2024 Candidate Name: Mike Gipson State Assembly Person District 65 Jurisdiction: Assembly District  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Billboards	\$1,125.00	\$1,125.00	
3/1/2024	Payee Name: Friends of Solache for Assembly 2024 Candidate Name: Jose Luis Solache State Assembly Person District 62 Jurisdiction: Assembly District  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Billboards	\$1,125.00	\$1,125.00	
4/30/2024	Payee Name: Soli Alpert for Berkeley City Council 2024 Candidate Name: Soli Alpert City Council Member District 04 Jurisdiction: Berkeley  <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$2,041.48	\$7,671.20	

**SUBTOTAL**

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$9,921.20
- 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** \$9,921.20

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	06/30/2024	Page 9 of 17
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

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)
5/2/2024	Payee Name: Soli Alpert for Berkeley City Council 2024 Candidate Name: Soli Alpert City Council Member District 04 Jurisdiction: Berkeley	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$3,000.00	\$7,671.20	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
5/2/2024	Payee Name: Soli Alpert for Berkeley City Council 2024 Candidate Name: Soli Alpert City Council Member District 04 Jurisdiction: Berkeley	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$588.24	\$7,671.20	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
5/15/2024	Payee Name: Soli Alpert for Berkeley City Council 2024 Candidate Name: Soli Alpert City Council Member District 04 Jurisdiction: Berkeley	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$2,041.48	\$7,671.20	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$9,921.20

ITEM NO. 9-ATTACHMENT 4

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	06/30/2024	Page 10 of 17
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Trish Mayer Consulting Sacramento, CA 95814	PRO		\$300.00
HexaCom Group, LLC Newport Beach, CA 92660	IND	Mailer Opposing Soli Alpert	\$2,041.48
HexaCom Group, LLC Newport Beach, CA 92660	IND	Digital Ads Opposing Soli Alpert	\$588.24

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

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$12,041.20
2. Unitemized payments made this period of under \$100.	\$59.00
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> \$12,100.20

ITEM NO. 9-ATTACHMENT 4

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through 06/30/2024		Page 11 of 17
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Arena Mail + Digital Salt Lake City, UT 84106	IND	Digital Ads Opposing Soli Alpert	\$3,000.00
Trish Mayer Consulting Sacramento, CA 95814	PRO		\$180.00
HexaCom Group, LLC Newport Beach, CA 92660	IND	Mailer Opposing Soli Alpert	\$2,041.48
HexaCom Group, LLC Newport Beach, CA 92660	CNS		\$2,500.00
Trish Mayer Consulting Sacramento, CA 95814	PRO		\$1,220.00

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

**SUBTOTAL**

**ITEM NO. 9-ATTACHMENT 4**

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	06/30/2024	Page 12 of 17
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Californians for Safety and Security

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Trish Mayer Consulting Sacramento, CA 95814	PRO		\$170.00

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

**SUBTOTAL** \$12,041.20

**ITEM NO. 9-ATTACHMENT 4**

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	06/30/2024	Page 13 of 17
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

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

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

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
Trish Mayer Consulting Sacramento, CA 95814	PRO	\$0.00	\$150.00	\$0.00	\$150.00
BBC Graphics Modesto, CA 95350	IND Mailer supporting Lily Mei for Senate	\$37,150.18	\$0.00	\$0.00	\$37,150.18
BBC Graphics Modesto, CA 95350	IND Mailer supporting Jasmeel Bains for Assembly	\$12,571.16	\$0.00	\$0.00	\$12,571.16

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

<b>SUBTOTALS</b>	\$49,721.34	\$150.00	\$0.00	\$49,871.34
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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 accrued expenses under \$100.) **INCURRED TOTALS** \$150.00

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.) **PAID TOTALS** \$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.) **NET** \$150.00  
May be a negative number.

ITEM NO. 9-ATTACHMENT 4

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

Type or print in ink.  
 Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	06/30/2024	Page 14 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Californians for Safety and Security

I.D. NUMBER  
 1448469

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 Arena Mail + Digital

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

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

\* 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
HexaCom Group, LLC Newport Beach, CA 92660	CNS			\$450.00
Google Mountain View, CA 94043			Digital Advertising	\$1,542.00
StackAdapt Toronto, ON 516			Digital Advertising	\$1,008.00

**ITEM NO. 9-ATTACHMENT 4**

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3000.00

\* 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.

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

Type or print in ink.  
Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2024	
through	06/30/2024	Page 15 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

I.D. NUMBER  
1448469

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
HexaCom Group, LLC

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

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

\* 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
DMH Meyer, Inc. Newbury Park, CA 91320	LIT			\$1,495.43
Chillon Media Agency Alexandria, VA 22305		Digital Ads		\$500.00
DMH Meyer, Inc. Newbury Park, CA 91320	LIT			\$1,495.43

ITEM NO. 9-ATTACHMENT 4

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3490.86

\* 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 H -  
Loans Made to Others\***

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2024</u>	<b>CALIFORNIA FORM 460</b>
through <u>06/30/2024</u>	
Page <u>16</u> of <u>17</u>	
I.D. NUMBER 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
				<input type="checkbox"/> PAID			_____ % RATE		CALENDAR YEAR _____ PER ELECTION** _____
				<input type="checkbox"/> FORGIVEN					
				<input type="checkbox"/> PAID			_____ % RATE		CALENDAR YEAR _____ PER ELECTION** _____
				<input type="checkbox"/> FORGIVEN					
		<b>SUBTOTALS</b>							

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

**Schedule H Summary**

1. Loans made this period ..... \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans ..... \_\_\_\_\_  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

\*\* If Required

ITEM NO. 9-ATTACHMENT 4

**Schedule I  
Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 01/01/2024  
through 06/30/2024

**CALIFORNIA FORM 460**  
Page 17 of 17  
I.D. NUMBER  
1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$0.00

**Schedule I Summary**

- 1. Increases to cash of \$100 or more this period..... \$0.00
- 2. Unitemized increases to cash under \$100 this period..... \$0.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$0.00

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	<b>CALIFORNIA</b> 2001/02 <b>FORM 460</b>
	Page <u>1</u> of <u>18</u>
	For Official Use Only

Statement covers period  
from 01/01/2022  
through 12/31/2022

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.

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

## 2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

## 3. Committee Information

I.D. NUMBER  
1448469

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Californians for Safety and Security

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)242-7414

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS

trmayer@comcast.net

## Treasurer(s)

NAME OF TREASURER  
Trish Mayer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	9167054284

NAME OF ASSISTANT TREASURER, IF ANY  
Nicholas Sanders

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-242-7414

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 01/10/2023 By Trish Mayer  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

ITEM NO. 9-ATTACHMENT 5

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 18

**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 to 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. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> 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 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

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

Attach continuation sheets if necessary

**ITEM NO. 9-ATTACHMENT 5**

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	12/31/2022	Page 3 of 18
		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Safety and Security

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$62,500.00	\$62,500.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$62,500.00	\$62,500.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$62,500.00	\$62,500.00

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

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$57,797.67	\$57,797.67
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$57,797.67	\$57,797.67
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$49,851.34	\$49,851.34
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$107,649.01	\$107,649.01

## Expenditure Limit Summary for State Candidates

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

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

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$0.00
13. Cash Receipts	Column A, Line 3 above	\$62,500.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00
15. Cash Payments	Column A, Line 8 above	\$57,797.67
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$4,702.33
If this is a termination statement, Line 16 must be zero.		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00

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).

## 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	\$49,851.34

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

ITEM NO. 9-ATTACHMENT 5

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2022</u> through <u>12/31/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>18</u>
I.D. Number 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

DATE RECEIVED	FULL NAME, MAILING 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)
10/27/2022	Berkeley Rental Housing Coalition Sponsored by Berkeley Property Owners Association San Francisco, CA 94108 Committee ID: 1379546	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$13,500.00	\$13,500.00	
11/2/2022	Los Angeles Police Protective League PAC - Small Contributor Committee Sacramento, CA 95814 Committee ID: 743579	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$49,000.00	\$49,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$62,500.00

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$62,500.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$62,500.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

ITEM NO. 9-ATTACHMENT 5

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2022  
through 12/31/2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

I.D. NUMBER  
1448469

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<b>SUBTOTALS</b>								

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on Schedule E, Line 3)

\* Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual    COM-Recipient Committee (other than PTY or SCC)    OTH-Other    PTY-Political Party    SCC-Small Contributor Committee

ITEM NO. 9-ATTACHMENT 5

**Schedule B - Part 2  
Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>01/01/2022</u> through <u>12/31/2022</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	

**SUBTOTAL**

Enter on Summary Page, Line 17 only.

ITEM NO. 9-ATTACHMENT 5

**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2022</u> through <u>12/31/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>18</u>
I.D. Number 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

**Schedule C Summary**

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

ITEM NO. 9-ATTACHMENT 5

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	12/31/2022	Page 8 of 18
		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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)
11/3/2022	Payee Name: Shane Smith for Merced City Council District 4 2022 Candidate Name: Shane Smith City Council Member District 04 Jurisdiction: Merced	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$1,695.39	\$9,066.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/3/2022	Payee Name: Lily Mei for Senate 2022 Candidate Name: Lily Mei State Senator District 10	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$6,908.50	\$44,058.68	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/3/2022	Payee Name: Dr. Jasmeet Bains for Assembly 2022 Candidate Name: Jasmeet Bains State Assembly Person District 35	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$6,818.46	\$39,389.62	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$104,401.01
2. Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	<b>TOTAL</b> \$104,401.01

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

ITEM NO. 9-ATTACHMENT 5

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	12/31/2022	Page 9 of 18
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

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)
11/3/2022	Affordable, Safe and Sustainable Berkeley Bond Act Affordable, Safe and Sustainable Berkeley Bond Act Ballot Number or Letter: L Jurisdiction: Berkeley	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$2,885.00	\$2,885.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/4/2022	Payee Name: Shane Smith for Merced City Council District 4 2022 Candidate Name: Shane Smith City Council Member District 04 Jurisdiction: Merced	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$7,295.00	\$9,066.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/4/2022	Payee Name: Shelton for Merced City Council 2022 Candidate Name: Delray Shelton City Council Member District 06 Jurisdiction: Merced	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$7,295.00	\$9,001.12	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/3/2022	Payee Name: Shelton for Merced City Council 2022 Candidate Name: Delray Shelton City Council Member District 06 Jurisdiction: Merced	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$1,629.92	\$9,001.12	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	12/31/2022	Page 10 of 18
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

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)
11/3/2022	Payee Name: Lily Mei for Senate 2022 Candidate Name: Lily Mei State Senator District 10	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$37,150.18	\$44,058.68	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/3/2022	Payee Name: Dr. Jasmeet Bains for Assembly 2022 Candidate Name: Jasmeet Bains State Assembly Person District 35	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$32,571.16	\$39,389.62	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/3/2022	Payee Name: Shane Smith for Merced City Council District 4 2022 Candidate Name: Shane Smith City Council Member District 04 Jurisdiction: Merced	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter data	\$76.20	\$9,066.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/3/2022	Payee Name: Shelton for Merced City Council 2022 Candidate Name: Delray Shelton City Council Member District 06 Jurisdiction: Merced	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter data	\$76.20	\$9,001.12	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$104,401.01

ITEM NO. 9-ATTACHMENT 5

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through 12/31/2022		Page 11 of 18
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CrossCurrentsLLC Stockton, CA 95204	IND	Voter data supporting Shane Smith and Delray Shelton for City Council	\$152.40
Highview Strategies Sacramento, CA 95814	IND	Digital ads supporting Delray Shelton for City Council	\$7,295.00
Highview Strategies Sacramento, CA 95814	IND	Digital ads supporting Shane Smith for City Council	\$7,295.00

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

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$57,744.67
2. Unitemized payments made this period of under \$100.	\$53.00
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> \$57,797.67

ITEM NO. 9-ATTACHMENT 5

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through 12/31/2022		Page 12 of 18
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TrueNorth Group Lehi, UT 84043	IND	Consulting services supporting Lily Mei for Senate	\$6,908.50
TrueNorth Group Lehi, UT 84043	IND	Consulting services supporting Jasmeet Bains for Assembly	\$6,818.46
Intrinsic Digital Annapolis, MD 21401	IND	Digital ad opposing Measure L	\$2,885.00
Trish Mayer Consulting Sacramento, CA 95814	PRO		\$550.00
Sanders Political Law Sacramento, CA 95814	PRO		\$270.00

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

**SUBTOTAL**

**ITEM NO. 9-ATTACHMENT 5**

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2022</u> through <u>12/31/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>18</u>
	I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Californians for Safety and Security

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sanders Political Law Sacramento, CA 95814	PRO			\$765.00
Trish Mayer Consulting Sacramento, CA 95814	PRO			\$1,480.00
BBC Graphics Modesto, CA 95350	IND		Mailer supporting Delray Shelton for City Council	\$1,629.92
BBC Graphics Modesto, CA 95350	IND		Mailer supporting Shane Smith for City Council	\$1,695.39
BBC Graphics Modesto, CA 95350	IND		Mailer supporting Jasmeet Bains for Assembly	\$20,000.00

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

**SUBTOTAL** \$57,744.67

**ITEM NO. 9-ATTACHMENT 5**

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	12/31/2022	Page 14 of 18
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

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

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

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
Trish Mayer Consulting Sacramento, CA 95814	PRO	\$0.00	\$130.00	\$0.00	\$130.00
BBC Graphics Modesto, CA 95350	IND Mailer supporting Lily Mei for Senate	\$0.00	\$37,150.18	\$0.00	\$37,150.18
BBC Graphics Modesto, CA 95350	IND Mailer supporting Jasmeet Bains for Assembly	\$0.00	\$12,571.16	\$0.00	\$12,571.16

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

<b>SUBTOTALS</b>	\$0.00	\$49,851.34	\$0.00	\$49,851.34
------------------	--------	-------------	--------	-------------

**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 accrued expenses under \$100.)..... **INCURRED TOTALS** \$49,851.34

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.)..... **PAID TOTALS** \$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.)..... **NET** \$49,851.34  
May be a negative number.

ITEM NO. 9-ATTACHMENT 5

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

Type or print in ink.  
 Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	12/31/2022	Page 15 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Californians for Safety and Security

I.D. NUMBER  
 1448469

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 BBC Graphics

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

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

\* 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 West Sacramento, CA 95799	POS		\$9,788.21
United States Postal Service West Sacramento, CA 95799	POS		\$7,330.00

**ITEM NO. 9-ATTACHMENT 5**

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$17118.21

\* 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 Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	12/31/2022	Page 16 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Californians for Safety and Security

I.D. NUMBER  
 1448469

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 Highview Strategies

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

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

\* 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
Intrinsic Digital Annapolis, MD 21401	IND		Digital ads supporting Shane Smith for City Council	\$7,295.00
Intrinsic Digital Annapolis, MD 21401	IND		Digital ads supporting Delray Shelton for City Council	\$7,295.00

**ITEM NO. 9-ATTACHMENT 5**

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$14590.00

\* 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.

**Schedule H -  
Loans Made to Others\***

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2022</u> through <u>12/31/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>17</u> of 18
I.D. NUMBER 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
		<b>SUBTOTALS</b>						

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

**Schedule H Summary**

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

\*\* If Required

ITEM NO. 9-ATTACHMENT 5

**Schedule I  
Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	12/31/2022	Page 18 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

I.D. NUMBER  
1448469

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$00

**Schedule I Summary**

- 1. Increases to cash of \$100 or more this period..... \$00
- 2. Unitemized increases to cash under \$100 this period..... \$00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$00

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	<b>CALIFORNIA</b> 2001/02 <b>FORM 460</b>
	Page <u>1</u> of <u>13</u>
	For Official Use Only

Statement covers period  
from 07/01/2023  
through 12/31/2023

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.

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

## 2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

## 3. Committee Information

I.D. NUMBER  
1448469

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Californians for Safety and Security

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)242-7414

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS

trmayer@comcast.net

## Treasurer(s)

NAME OF TREASURER  
Trish Mayer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	9167054284

NAME OF ASSISTANT TREASURER, IF ANY  
Nicholas Sanders

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-242-7414

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 01/10/2024 By Trish Mayer  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

ITEM NO. 9-ATTACHMENT 6

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 13

**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 to 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. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> 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 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

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

Attach continuation sheets if necessary

**ITEM NO. 9-ATTACHMENT 6**

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>13</u>
	I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

## 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 7	\$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. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$728.00	\$1,006.00
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$728.00	\$1,006.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$49,721.34
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$728.00	\$50,727.34

## Expenditure Limit Summary for State Candidates

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

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

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$4,424.33
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	\$728.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$3,696.33
If this is a termination statement, Line 16 must be zero.		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00

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).

## 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	\$49,721.34

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

ITEM NO. 9-ATTACHMENT 6

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2023	
through	12/31/2023	Page 4 of 13
NAME OF FILER Californians for Safety and Security		I.D. Number 1448469

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$0.00

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$0.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$0.00

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC

ITEM NO. 9-ATTACHMENT 6

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2023  
through 12/31/2023

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

I.D. NUMBER  
1448469

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<b>SUBTOTALS</b>								

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual    COM-Recipient Committee (other than PTY or SCC)    OTH-Other    PTY-Political Party    SCC-Small Contributor Committee

**Schedule B - Part 2  
Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2023</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2023</u>	
Page <u>6</u> of <u>13</u>	
I.D. Number 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	

**SUBTOTAL**

Enter on Summary Page, Line 17 only.

ITEM NO. 9-ATTACHMENT 6

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>13</u>
I.D. Number 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

ITEM NO. 9-ATTACHMENT 6

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2023	
through	12/31/2023	Page 8 of 13
		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				

**SUBTOTAL**

**Schedule D Summary**

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

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2023	
through	12/31/2023	Page 9 of 13
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Trish Mayer Consulting Sacramento, CA 95814	PRO		\$240.00
BFBA, LLP Sacramento, CA 95825	PRO		\$240.00
Trish Mayer Consulting Sacramento, CA 95814	PRO		\$230.00

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

**SUBTOTAL** \$710.00

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$710.00
2. Unitemized payments made this period of under \$100.	\$18.00
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> \$728.00

ITEM NO. 9-ATTACHMENT 6

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2023	
through	12/31/2023	Page 10 of 13
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

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

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

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
BBC Graphics Modesto, CA 95350	IND Mailer supporting Lily Mei for Senate	\$37,150.18	\$0.00	\$0.00	\$37,150.18
BBC Graphics Modesto, CA 95350	IND Mailer supporting Jasmeet Bains for Assembly	\$12,571.16	\$0.00	\$0.00	\$12,571.16
<b>SUBTOTALS</b>		\$49,721.34	\$0.00	\$0.00	\$49,721.34

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

**Schedule F Summary**

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

ITEM NO. 9-ATTACHMENT 6

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

Type or print in ink.  
Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2023	
through	12/31/2023	Page 11 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

I.D. NUMBER  
1448469

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

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

\* 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

ITEM NO. 9-ATTACHMENT 6

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\***

\* 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 H -  
Loans Made to Others\***

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>13</u>
I.D. NUMBER 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
				<input type="checkbox"/> PAID					CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN			RATE %		PER ELECTION**
						DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID					CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN			RATE %		PER ELECTION**
						DATE DUE		DATE INCURRED	
		<b>SUBTOTALS</b>							

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

**Schedule H Summary**

1. Loans made this period ..... \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans ..... \_\_\_\_\_  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

\*\* If Required

ITEM NO. 9-ATTACHMENT 6

**Schedule I  
Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 07/01/2023  
through 12/31/2023

**CALIFORNIA FORM 460**  
Page 13 of 13  
I.D. NUMBER  
1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$00

**Schedule I Summary**

- 1. Increases to cash of \$100 or more this period..... \$00
- 2. Unitemized increases to cash under \$100 this period..... \$00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$00

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	<b>CALIFORNIA 2001/02 FORM</b>	460
Page <u>1</u> of <u>13</u>		For Official Use Only

Statement covers period  
 from 01/01/2023  
 through 06/30/2023

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.

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

## 2. Type of Statement:

- |  |  |
|--|--|
| <input type="checkbox"/> Pre-election Statement<br><input checked="" type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
|--|--|

## 3. Committee Information

I.D. NUMBER  
1448469

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
 Californians for Safety and Security

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)242-7414

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS  
 trmayer@comcast.net

## Treasurer(s)

NAME OF TREASURER  
 Trish Mayer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	9167054284

NAME OF ASSISTANT TREASURER, IF ANY  
 Nicholas Sanders

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-242-7414

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 07/11/2023 By Trish Mayer  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

ITEM NO. 9-ATTACHMENT 7

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 13

**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 to 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. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> 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 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

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

Attach continuation sheets if necessary

ITEM NO. 9-ATTACHMENT 7

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2023</u> through <u>06/30/2023</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>13</u>
	I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

## 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 7	\$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. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$278.00	\$278.00
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$278.00	\$278.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$130.00)	\$49,721.34
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$148.00	\$49,999.34

## Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$4,702.33
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	\$278.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$4,424.33

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).

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	\$49,721.34

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2023	
through	06/30/2023	Page 4 of 13
NAME OF FILER Californians for Safety and Security		I.D. Number 1448469

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$0.00

**Schedule A Summary**

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$0.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$0.00

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2023</u> through <u>06/30/2023</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>13</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**  DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**  DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**  DATE INCURRED
<b>SUBTOTALS</b>								

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule B - Part 2  
Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>01/01/2023</u> through <u>06/30/2023</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	

**SUBTOTAL**

Enter on  
Summary Page,  
Line 17 only.

ITEM NO. 9-ATTACHMENT 7

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2023</u> through <u>06/30/2023</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1448469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

ITEM NO. 9-ATTACHMENT 7

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2023	
through	06/30/2023	Page 8 of 13
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D Summary**

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

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2023	
through	06/30/2023	Page 9 of 13
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Trish Mayer Consulting Sacramento, CA 95814	PRO		\$130.00
Trish Mayer Consulting Sacramento, CA 95814	PRO		\$130.00

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

**SUBTOTAL** \$260.00

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$260.00
2. Unitemized payments made this period of under \$100.	\$18.00
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> \$278.00

ITEM NO. 9-ATTACHMENT 7

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2023	
through	06/30/2023	Page 10 of 13
NAME OF FILER Californians for Safety and Security		I.D. NUMBER 1448469

SEE INSTRUCTIONS ON REVERSE

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

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

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
Trish Mayer Consulting Sacramento, CA 95814	PRO	\$130.00	\$0.00	\$130.00	\$0.00
BBC Graphics Modesto, CA 95350	IND Mailer supporting Lily Mei for Senate	\$37,150.18	\$0.00	\$0.00	\$37,150.18
BBC Graphics Modesto, CA 95350	IND Mailer supporting Jasmeel Bains for Assembly	\$12,571.16	\$0.00	\$0.00	\$12,571.16

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

<b>SUBTOTALS</b>	\$49,851.34	\$0.00	\$130.00	\$49,721.34
------------------	-------------	--------	----------	-------------

**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 accrued expenses under \$100.)	<b>INCURRED TOTALS</b> \$0.00
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> \$130.00
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET</b> (\$130.00) <small>May be a negative number.</small>

ITEM NO. 9-ATTACHMENT 7

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2023	
through	06/30/2023	Page 11 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

I.D. NUMBER  
1448469

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

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

\* 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

ITEM NO. 9-ATTACHMENT 7

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\***

\* 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 H -  
Loans Made to Others\***

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2023</u> through <u>06/30/2023</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>13</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		<u>      </u> % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
		<b>SUBTOTALS</b>						

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

**Schedule H Summary**

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

\*\* If Required

ITEM NO. 9-ATTACHMENT 7

**Schedule I  
Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 01/01/2023  
through 06/30/2023

**CALIFORNIA FORM 460**  
Page 13 of 13  
I.D. NUMBER  
1448469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Californians for Safety and Security

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$00

**Schedule I Summary**

- 1. Increases to cash of \$100 or more this period..... \$00
- 2. Unitemized increases to cash under \$100 this period..... \$00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$00

**ITEM NO. 9-ATTACHMENT 8**  
**Sanders Political Law**  
1121 L Street, Suite 105, Sacramento, CA 95814

September 13, 2024

VIA EMAIL ONLY

Stephen Hylas, Esq.  
FCPC@berkeleyca.gov  
Acting Secretary, Berkeley Fair Campaign Practices Commission  
2180 Milvia Street, 4th Floor  
Berkeley, CA 94704

RE: Second Response to Complaint Filed with  
Berkeley Fair Campaign Practices Commission

Dear Mr. Hylas:

On behalf of my client, Californians for Safety and Security (the “Committee”), we write in response to your August 21, 2024 email regarding an amended complaint filed with the Berkeley Fair Campaign Practices Commission (the “Commission”) alleging that the Committee violated Berkeley law. This is the second voluntary response provided by the Committee. Our understanding is that the amended complaint was filed by George Lippman and the “Berkeley People’s Alliance” after our initial response, and includes additional allegations. We trust the attached documents and included information provide the Commission with sufficient information to demonstrate the Committee’s compliance with the law, and respectfully request that the Commission dismiss the original and amended complaint.

### **Responsive Documents**

Pursuant to your August 21, 2024 email, and our September 5, 2024 call, the Committee voluntarily produces the following documents:

1. In response to your request for information regarding a second mailer that was circulated by the Committee, attached as Exhibit A is a copy of an invoice related to the mailer referenced in your request. This invoice shows that the Committee produced fewer than 1,000 mailers.
2. In response to your request for a copy of the Committee’s relevant Form 462, attached as Exhibit B is a copy of that Form, which was properly filed with the California Fair Political Practices Commission.

### **Responsive Information**

Pursuant to your August 21, 2024 email, and our September 5, 2024 call, the Committee voluntarily responds to the following requests for additional information:

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1. You asked about a discrepancy between the disclosure of Committee contributors in its internet video advertisement disclaimers and the amount disclosed as attributable to one of the Committee's contributors. The Committee concedes that the disclaimer properly noted Bulletin Displays, LLC as a contributor pursuant to Berkeley Municipal Code section 2.12.335, but that it improperly displayed the amount contributed by that contributor – inadvertently disclosing on the face of advertisements that Bulletin Displays, LLC had contributed \$2,500 rather than \$2,250. This was merely an inadvertent transcription error which overstated the amount of the contribution by a small percentage. It should be noted that the error does not understate the impact of Bulletin Displays, LLC's contribution, and is not a significant difference from the actual contribution amount received.

2. You also asked whether the Committee was required to file its reports electronically with the City of Berkeley. In short, the answer is “no,” because the Committee is a state general purpose committee formed and operating pursuant to state law, and its filing requirements are limited to those set forth in state law.

Berkeley ordinance sets forth certain filing requirements which are additional to or different from state law. These filing requirements can only apply to City committees, as that term is defined in Berkeley law, and cannot apply to state general purpose committees, such as the Committee. The reason is that state law explicitly preempts municipal campaign finance filing requirements which are additional to or different from state filing requirements.

California Government Code section 81009.5, in relevant part, states: “no local government agency shall enact any ordinance imposing filing requirements additional to or different from those set forth in Chapter 4 [of the Political Reform Act] for elections held in its jurisdiction unless the additional or different filing requirements apply only to the candidates seeking election in that jurisdiction, their controlled committees or committees formed or existing primarily to support or oppose a candidate or to support or oppose the qualification of, or passage of, a local ballot measure which is being voted on only in that jurisdiction, and to city or county general purpose committees active only in that city or county, respectively.”

The FPPC has reviewed section 81009.5's application to similar municipal filing requirements in other charter cities, and has always determined that local filing requirement ordinances are preempted by the Political Reform Act “[i]nsofar as [local filing requirements] require the filing of reports that are additional to or different from those already imposed on state general purpose committees under the Act.” (*FPPC Advice Letter to Kathryn Donovan* (2005) A-05-207 [analyzing San Francisco's local filing requirements]; See also, *In the Matter of Opinion Requested by Lance H. Olson, Esq* (2001) O-01-112 [“The

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[City of Los Angeles’s] local ordinances are preempted by the Political Reform Act insofar as they impose ‘additional or different’ filing requirements on [state committees]” & *FPPC Advice Letter to Lisa Herrick* (2010) I-10-103 [finding San Jose’s additional and different filing requirements did not apply to state committees].) “The purpose of this section [81009.5] was to provide a uniform approach to filing requirements for candidates and committees active throughout the state while simultaneously preserving flexibility for local jurisdictions to require additional or different filing requirements for *committees active exclusively in local elections*.” (*Herrick Advice Letter* [emphasis original; cleaned up].) The same law and rationale apply to Berkeley’s electronic filing requirements.

Berkeley has several filing requirements which are additional to or different from those which apply to state general purpose committees, such as the Committee. For example, Berkeley Municipal Code section 2.12.271 requires committees to file periodic campaign statements (FPPC Form 460) based on certain ballot measure activity, and establishes specific dates on which those filing requirements automatically end. This requirement is additional or different from the state law requirements on state committees. (See, e.g., Cal. GC sections 84202.3 & 84202.7 [related to ballot measure committee filing schedule].) As a result, Berkeley Municipal Code section 2.12.271 is preempted by state law. In addition, Berkeley Municipal Code section 2.12.255 requires “every committee” to file statements of organization (FPPC Form 410) with the City Clerk. This requirement is additional and different from the state’s Form 410 filing requirements, and – as discussed in the Committee’s June 19, 2024 letter to the Commission – the City Clerk clearly understood that this filing requirement was not applicable to a state committee, because the City Clerk stated that the Committee is not required to file its Form 410 with the City. (Cal. GC sections 84102 & 84103.)

The electronic filing requirement found in Berkeley Municipal Code section 2.12.032, like those in Berkeley Municipal Code sections 2.12.271 and 2.12.255, sets forth filing requirements which are additional to or different from the state law requirements. Pursuant to California Government Code section 84204, the Committee was required to file its late independent expenditure reports (FPPC Form 496) with the City Clerk. State law does not include any additional requirement that these reports be submitted electronically, and specifically contemplates that they are to be filed in paper form. (Cal. GC section 84204(a) [“A committee . . . shall report the late independent expenditure activity by facsimile transmission, guaranteed overnight delivery, or personal delivery within 24 hours of the time it is made.”].) As with the charter city laws analyzed by the FPPC in the past, Berkeley Municipal Code section 2.12.032’s requirement that reports be submitted electronically is additional to or different from state law. The Committee can only properly comply with its state filing requirements

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by submitting its Forms 496 by fax, overnight delivery or personal delivery, and it did so here.

It should be noted that the Committee complied with non-filing requirements set forth in the Berkeley Municipal Code, which are not implicated by Government Code section 81009.5. For example, Berkeley Municipal Code sections 2.12.330 and 2.12.335 require specific disclaimers on certain political advertisements. Because the requirements of Berkeley Municipal Code sections 2.12.330 and 2.12.335 are not preempted by state law pursuant to Government Code section 81009.5, the Committee complied with those requirements.

In sum, the Committee properly complied with its filing obligations imposed under state law, and was not required to submit its late independent expenditure reports electronically under Berkeley's additional/different filing requirements.

\* \* \*

Thank you for the opportunity to respond to the amended complaint against the Committee. The Committee is happy to provide additional information and documentation at your request, but hope that this letter can fully resolve the matter. Please reach out with any additional questions.

Sincerely,



Nicholas L. Sanders

NLS  
Attachments-  
Exhibit A (Mailer invoice)  
Exhibit B (Committee's Form 462)

**EXHIBIT A**  
(Mailer Invoice)

# ITEM NO. 9-ATTACHMENT 8

Invoice



**DMH Meyer, Inc.**  
 1560-1 Newbury Rd, #212  
 Newbury Park, CA 91320

Date	Invoice #
5/14/2024	2232

Phone # (714)404-7610      darin@dmhmeyer.com  
 darin@dmhmeyer.com

Bill To
Hexacom Group <span style="background-color: black; color: black;">XXXXXXXXXX</span>

Ship To

Project	Terms	Rep	Ship	Via	P.O. Number	F.O.B.
Berkeley Postcard #2	Due on receipt	DMH	5/15/2024	US Mail		

Description	Quantity	Stock	Fold	Price ...	Amount
8.5 x 11 Postcard, 4/4, Film, Plates, Printing, List Processing, Inkjet Addressing, Sorting and Mailing	997	100 Gloss Cover	Flat	0.93781	935.00T
Shipping to 2 DDU's	1			100.00	100.00
USPS Postage	997			0.39382	392.64

<b>Subtotal</b>	\$1,427.64	<b>Sales Tax (7.25%)</b>	\$67.79	<b>Total</b>	\$1,495.43
<b>Signature</b>				<b>Payments/Credits</b>	\$0.00
				<b>Balance Due</b>	\$1,495.43

**EXHIBIT B**  
(Committee's Form 462)

## ITEM NO. 9-ATTACHMENT 8

**From:** [trmayer@comcast.net](mailto:trmayer@comcast.net)  
**To:** [form462@fppc.ca.gov](mailto:form462@fppc.ca.gov)  
**Subject:** Form 462 Attached  
**Date:** Wednesday, May 1, 2024 12:35:35 AM  
**Attachments:** [form 462.pdf](#)

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Hi FPPC,

Attached please find a Form 462 for a candidate running in the city of Berkeley.

Thank you!

Trish

*Trish Mayer Consulting*  
916-705-4284  
[trmayer@comcast.net](mailto:trmayer@comcast.net)

**Form 462**  
**Verification of Independent Expenditures**

**ITEM NO. 9-ATTACHMENT 8**

This verification form identifies the individual responsible for ensuring that a campaign committee's independent expenditures were not coordinated with the listed candidate (or the opponent) or measure committee and that the committee will report all contributions and reimbursements as required by law. An independent expenditure is not subject to state or local contribution limits.

Amendment (Explain)

**1. Name of Committee:**

NAME OF RECIPIENT COMMITTEE, ENTITY OR INDIVIDUAL		COMMITTEE ID #	
Californians for Safety and Security		1448469	
STREET ADDRESS		CITY	
1121 L Street, Suite 105		Sacramento	
STATE	ZIP CODE	E-MAIL	TELEPHONE NUMBER
CA	95814	russell@highviewstrat.com	( 916 ) 710-2872

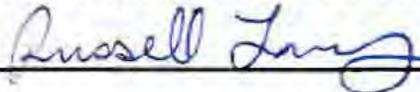
**2. Candidate or Measures:**

This committee has reported an independent expenditure(s) to support or oppose the candidate(s) or measure(s) listed on a ballot for the election date identified below. (Note: The reporting of an independent expenditure may occur after this form is filed if an independent expenditure is made before the 90 day, 24-hour reporting period of Government Code Sections 84204 and 85500.)

NAME OF CANDIDATE (First/Last) OR BALLOT MEASURE	SUPPORT	OPPOSE	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE
Soli Alpert	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Berkeley City Council	District 4	5/28/2024
NAME OF CANDIDATE (First/Last) OR BALLOT MEASURE	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE
NAME OF CANDIDATE (First/Last) OR BALLOT MEASURE	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE
NAME OF CANDIDATE (First/Last) OR BALLOT MEASURE	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE

**3. Verification:**

I have not received any unreported contributions or reimbursements to make these independent expenditures. I have not coordinated any expenditure made during this reporting period with the candidate or the opponent of the candidate who is the subject of the expenditure, with the proponent or the opponent of the state measure that is the subject of the expenditure, or with the agents of the candidate or the opponent of the candidate or the state measure proponent or opponent. I certify under penalty of perjury under the laws of the State of California that the following is true and correct.

Signature  Printed Name Russell Lowery Signed on April 30, 2024  
(month, day, year)

(Check One):  Principal Officer  Candidate/Officeholder  State Ballot Measure Proponent