

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp

CALIFORNIA 460
2001/02
FORM

Page 1 of 11
For Official Use Only

indexed 4/14/23

BEV HILLS CITY CLERK
2023 APR 14 PM 1:11

Statement covers period
from 1/1/2023
through 4/8/2023

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1456573

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
No on Measures B and C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

STREET ADDRESS (NO P.O. BOX)
777 S Figueroa St Ste 4050

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

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

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

OPTIONAL: FAX/E-MAIL ADDRESS
pcdfilings@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER
Susan Minato

MAILING ADDRESS
777 S Figueroa St Ste 4050

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

NAME OF ASSISTANT TREASURER, IF ANY
Kurt Petersen

MAILING ADDRESS
464 Lucas Ave Ste 201

| | | | |
|-------------|-------|------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA | 90017-2074 | (213) 481-8530 |

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 4/11/23
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

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

| | |
|-------------------|---|
| 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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Ordinance No.22-0-2866 & No.22-0-2867

| | | |
|-----------------------------|---------------------------------------|--|
| BALLOT NO. OR LETTER B&C | JURISDICTION City of Beverly Hills | <input type="checkbox"/> SUPPORT <input checked="" 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 Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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

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

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
Measure B - Ordinance No.22-0-2866

| | | |
|---------------------------|---------------------------------------|--|
| BALLOT NO. OR LETTER B | JURISDICTION City of Beverly Hills | <input type="checkbox"/> SUPPORT <input checked="" 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 Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Measure C - Ordinance No. 22-0-2867

| | | |
|---------------------------|---------------------------------------|--|
| BALLOT NO. OR LETTER C | JURISDICTION City of Beverly Hills | <input type="checkbox"/> SUPPORT <input checked="" 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 Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

| | | |
|-----------------------------------|-----------------------|---|
| 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

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | | | | | |
|-------------------------|----------|-------------------|-------------|------------|----|
| Statement covers period | | CALIFORNIA | FORM | 460 | |
| from | 1/1/2023 | | | | |
| through | 4/8/2023 | Page | 5 | of | 11 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measures B and C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

I.D. NUMBER

1456573

Contributions Received

| | Column A Total This Period (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$162,000.00 | \$162,000.00 |
| 2. Loans Received..... Schedule B, Line 3 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2 | \$162,000.00 | \$162,000.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$28,627.72 | \$28,627.72 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$190,627.72 | \$190,627.72 |

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

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

Expenditures Made

| | Column A | Column B |
|--|--------------|--------------|
| 6. Payments Made..... Schedule E, Line 4 | \$82,114.99 | \$82,114.99 |
| 7. Loans Made..... Schedule H, Line 3 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$82,114.99 | \$82,114.99 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$3,769.31 | \$3,769.31 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$28,627.72 | \$28,627.72 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10 | \$114,512.02 | \$114,512.02 |

Expenditure Limit Summary for State Candidates

| | |
|---|---------------|
| 22. Cumulative Expenditures Made * | |
| (If Subject to Voluntary Expenditure Limit) | |
| Date of Election | Total to Date |
| (mm/dd/yyyy) | |
| _____ | _____ |

Current Cash Statement

| | |
|---|--------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$35,100.37 |
| 13. Cash Receipts..... Column A, Line 3 above | \$162,000.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$0.00 |
| 15. Cash Payments..... Column A, Line 8 above | \$82,114.99 |
| 16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15 | \$114,985.38 |
| 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).

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

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 | \$3,769.31 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

| | | |
|-------------------------|----------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2023 | |
| through | 4/8/2023 | Page 6 of 11 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measures B and C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

I.D. NUMBER
1456573

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 01/11/2023 | UNITE HERE, Local 11 464 Lucas Ave # 201 Los Angeles, CA 90017-2074 ID: 981585 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$50,000.00 | \$50,000.00 | |
| 01/20/2023 | UNITE HERE 275 7th Ave Fl 16 New York, NY 10001-8408 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$12,000.00 | \$140,627.72 | |
| 03/29/2023 | UNITE HERE 275 7th Ave Fl 16 New York, NY 10001-8408 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100,000.00 | \$140,627.72 | |

SUBTOTAL \$162,000.00

Schedule A Summary

| | |
|--|---------------------------|
| 1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.)..... | \$162,000.00 |
| 2. Amount received this period -unitemized monetary contributions of less than \$100..... | \$0.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... | TOTAL \$162,000.00 |

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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

| | | |
|-------------------------|----------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2023 | |
| through | 4/8/2023 | Page <u>7</u> of <u>11</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measures B and C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

I.D. NUMBER

1456573

| 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) |
|---------------|--|---|--|--|--------------------------|---|------------------------------------|
| 03/01/2023 | UNITE HERE 275 7th Ave Fl 16 New York, NY 10001-8408 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | PRO - Legal & Treasury Expenses Paid by Sponsor | \$28,533. 50 | \$140,627.72 | |
| 03/01/2023 | UNITE HERE 275 7th Ave Fl 16 New York, NY 10001-8408 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | OFC - Legal & Treasury Expenses Paid by Sponsor | \$94.22 | \$140,627.72 | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$28,627.72

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$28,627.72

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 on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$28,627.72

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

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|-------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2023 | |
| through | 4/8/2023 | Page 8 of 11 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measures B and C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

I.D. NUMBER

1456573

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|---------------------------|-------------|
| Mark Alcala 19032 Sherman Way Apt B205 Reseda, CA 91335-2616 | OFC | | \$236.73 |
| Citizens for a Responsible Anaheim, Sponsored by UNITE HERE Local 11 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864 ID: 1456494 | SAL | Field Canvassing Expenses | \$13,282.09 |
| Image Cube 15840 Monte St Ste 109 Sylmar, CA 91342-7670 | PRT | | \$9,643.49 |

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

SUBTOTAL \$23,162.31

Schedule E Summary

| | |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$82,114.99 |
| 2. Unitemized payments made this period of under \$100..... | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$82,114.99 |

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | | |
|-------------------------|----------|----------------------------|---------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 1/1/2023 | Page | 9 of 11 |
| through | 4/8/2023 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measures B and C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

I.D. NUMBER

1456573

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Mitchell Publishing & Mailers 127 S Anderson St Los Angeles, CA 90033-3219 | PRT | | \$1,719.15 |
| On the Ground 3975 Birch St Ste D Newport Beach, CA 92660-2266 | VOT | | \$54,235.50 |
| Political Data Intelligence (PDI) 3780 Kilroy Avenue Way Ste 200 Long Beach, CA 90652 | | Voter Data | \$2,666.03 |

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

SUBTOTAL \$58,620.68

Schedule E Summary

| | |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$82,114.99 |
| 2. Unitemized payments made this period of under \$100..... | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$82,114.99 |

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|-------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2023 | |
| through | 4/8/2023 | Page 10 of 11 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measures B and C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

I.D. NUMBER

1456573

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Prism West 1409 E 4th St Ste B Long Beach, CA 90802-7522 | VOT | | \$332.00 |

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

SUBTOTAL \$332.00

Schedule E Summary

| | |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$82,114.99 |
| 2. Unitemized payments made this period of under \$100..... | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$82,114.99 |

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

Amounts may be rounded to whole dollars.

SCHEDULE F

| | | |
|-------------------------|----------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2023 | |
| through | 4/8/2023 | Page 11 of 11 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measures B and C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

I.D. NUMBER

1456573

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

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|--------------------------------|---|---------------------------------------|---|--|
| Kaufman Legal Group 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864 | PRO | \$0.00 | \$1,196.50 | \$0.00 | \$1,196.50 |
| Kaufman Legal Group 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864 | OFC | \$0.00 | \$121.97 | \$0.00 | \$121.97 |
| UNITE HERE Local 11 (Nonprofit 501(c)(5)) 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864 ID: 1405171 | Staff Time (Estimate) | \$0.00 | \$2,450.84 | \$0.00 | \$2,450.84 |
| SUBTOTALS | | \$0.00 | \$3,769.31 | \$0.00 | \$3,769.31 |

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

Schedule F Summary

| | | |
|---|------------------------|--|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | INCURRED TOTALS | \$3,769.31 |
| 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 | \$3,769.31 (May be a negative number) |