YES
ON
MEASURE
H

				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
Cover Fage			RECEIVE	DI . 1 5
	Statement covers period from 9/22/2024	Date of election if applicable: (Month, Day, Year)	UC 6 2 1 2024	Page _1 of _5
SEE INSTRUCTIONS ON REVERSE	through	11/5/24	CITY OF LAFAYET	TE
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Uso Complete Part 6)  rimarily Formed Candidate/ officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain I	nt S t Termination)	Quarterly Statement Special Odd-Year Report
	NUMBER 473097	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Residents for Love Lafayette - YES on H 2024		Suzy Pak	,	
,		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE Z	IP CODE AREA CODE/PHONE
		Lafayette	CA	94549
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
Lafayette CA 94549	9	Richard Whitmore		a
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE
		Lafayette		94549
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	_
LafayetteSalesTax@gmail.com				
4. Verification				*
I have used all reasonable diligence in preparing and reviewing	-		d 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 10/21/2024	BvN	my an		
(SP) / Date	,	Signature of Treasurer or Assista	nt Treasurer	9 9
Executed on	BySignature of Cont	trolling Officeholder, Candidate, State Measure F	Proponent or Responsible Officer of S	Sponsor
	Accompany the second as		ovortere (BAIDEC NAMERATO) TVDGE POTOTOTO (BAI	Management
Executed on	Ву	Signature of Controlling Officeholder, Candidate	, State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate	, State Measure Proponent	

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

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORN FORM	<sup>IA</sup> 460
Page 2	of_5

Officeholder or Candidate Controlled Committee		6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
			Residents for Love Laf	ayette - YES	on H 2024		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	7	SUPPORT
			Н	Lafayette			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	eholder, candi	date, or state meas	sure propor	nent, if any.
Related Committees Not Included in this S	Statement: List any committees		NAME OF OFFICEHOLDER, C.	ANDIDATE, OR I	PROPONENT		
not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIST	TRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER			G (	- 10 844	25/6/4	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7,	<ul> <li>Primarily Formed Can officeholder(s) or candidate(s)</li> </ul>	didate/Offices) for which this	eholder Comm committee is prima	ittee List arily formed.	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
	P CODE AREA CODE/PHONE	q	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.	CONTROLLED COMMITTEE?  YES NO O. BOX)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE ZIF	P CODE AREA CODE/PHONE		Att	ach continuati	on sheets if necess	sary	

# **Campaign Disclosure Statement**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	Statement covers period from 9/22/24	california 460
EE INSTRUCTIONS ON REVERSE		through	Page 3 of 5
AME OF FILER			I.D. NUMBER
Residents of Love Lafayette - YES on H 2024			1473097
Contributions Received	TOTAL THIS PERIOD CALEND	AD VEAD	mmary for Candidates

Contributions Received	COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{10,950.00}{0}\$ \$\frac{10,950.00}{0}\$ \$\frac{10,950.00}{0}\$	\$ 22,305.00 0 \$ 22,305.00 0 22,305.00	1/1 through 6/30 7/1 to Date  20. Contributions Received \$\$  21. Expenditures Made \$\$ \$
Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7  9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3  10. Nonmonetary Adjustment Schedule C, Line 3  11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 8,545.18 0 8,545.18 0 0 0 8,545.18	\$ 14,251.06 0 \$ 14,251.06 0 0 14,251.06	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse		To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts			FPPC Form 460 (Jan/20 FPPC Advice: advice@fppc.ca.gov (866/275-3 www.fppc.ca

Schedule	Α Α		its may be rounded				SCHEDULE
Monetary Contributions Received		to whole dollars.		Statement covers period from 9/22/24		CALIFORNIA 460	
SEE INSTRUCT	IONS ON REVERSE			through		Page	e _4 of _5
NAME OF FILER	for Love Lafayette - YES on H 2024				Y	1.D. N	UMBER 097
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 T CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
9/22/24	Sanjay Srivatsa Lafayette, CA 94549	IND COM OTH SCC	self, Sanjay Srivatsa consulting	450	950		950
10/5/24	Tom & Karen Mulvaney Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	self/ Community Volunteer	10,000	10,000		10,000
10/9/24	Walter & Denise Brown Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	attorney, Paul Weiss/ retired	500	500		500
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC		w			
			SUBTOTAL	\$ 10,950			Harris Harris
Amount re (Include a     Amount re	A Summary eceived this period – itemized monetary contributional Schedule A subtotals.)		\$ —	0,950	IND COM OTH PTY	othe) Other) Oplition	dual pient Committee or than PTY or SCC) r (e.g., business entity)
<ol><li>lotal mon</li></ol>	etary contributions received this period.						

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 10,950

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

Sch	edule	E
Pay	ments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period from	CALIFORNIA 460
through _10/19/24	Page of
	I.D. NUMBER

Payments Made	from	FORM	700
SEE INSTRUCTIONS ON REVERSE	through	Page	of
NAME OF FILER		I.D. NUMBER	
Residents of Love Lafayette - YES on H 2024		1473097	
CODES: If one of the following codes accurately describes the payment you may enter the code. Other	wise describe the payment		

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Raise the Money PO Box 26456, Little Rock, AR 72221	PRO	monthly account & credit card fees	30.29
Mechanics Bank 2640 Mt Diablo Blvd, Lafayette, CA 94549	PRO	monthly account fee	10.00
Minuteman Press 3289 Mt Diablo Blvd, Lafayette, CA 94549	LIT	postcards, mailing services	8,504.89

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

SUBTOTAL \$ 8,545.18

Schedule	E	Summary
----------	---	---------

1.	Itemized payments made this period. (Include all Schedule E subtotals.)	8,545.18
	Unitemized payments made this period of under \$100\$	0
	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0
	Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	8,545.18

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

#### **497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER Residents for Lov	ve Lafayette - YES on	H 2024		Date of 10	0/7/24	Date Stamp	CALIFO	
AREA CODE/PHONE NU	MBER	I.D. NUMBER (if applicab 1473097	(e)	Report No. 3		RECEIVED	- ALC: EUX	Official Use Only
CITY Lafayette		STATE CA	ZIP CODE 94549	Amendmen to Report No. (explain below)  No. of Pages		OCT 07 2024 CITY OF LAFAYETTE		
1. Contribution(s	s) Received					THE STATE OF THE S		
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ID ZIP CODE OF CONTRIBU	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME O		AMOUNT RECEIVED
10/4/24	Tom & Karen Mulv Lafayette, CA 9454				IND COM OTH PTY SCC	Self-employed/Commu Volunteer	nity	10,000  Check if Loan  Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan  Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	H		Check if Loan  Provide interest rate
Reason for Amendo	nent:				-	* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busic PTY - Political Party SCC - Small Contributo	ness entity)	
							FPPC	Form 497 (Feb/2019)

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

ь	asiniant Committee				COVER PAGE
C	ecipient Committee ampaign Statement over Page			Date Stamp	CALIFORNIA 460
SE	E INSTRUCTIONS ON REVERSE	Statement covers period from 7/1/24 through 9/21/24	Date of election if applicable: (Month, Day, Year)	SEP 25 2024	For Official Use Only
1.	Type of Recipient Committee: All Committees - Co		2. Type of Statement:	CITY OF ENTINETY	
	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b	ermination)	rly Statement I Odd-Year Report
3.	Commutee information	D. NUMBER 473097	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Residents for Love Lafayette - YES on H 2024		Suzy Pak MAILING ADDRESS		
8	STREET ADDRESS (NO P.O. BOX)	-	CITY	STATE ZIP COD CA 94549	
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
	Lafayette CA 9454		Richard Whitmore		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(	MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
			Lafayette	CA 94549	
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI		
	LafayetteSalesTax@gmail.com				
4.	Verification			4 b i d i - 4b b d b d	dulas is tour and secondary.
	I have used all reasonable diligence in preparing and reviewi certify under penalty of perjury under the laws of the State of			nerein and in the attached sche	dules is true and complete.
	Executed on 9/25/2024	ву	Myn An. Signature of Treasurer or Assistant	t Treasurer	
	Executed on	By Signature of Contr	olling Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer of Sponsor	_
	Executed on	By	ignature of Controlling Officeholder, Candidate,		_
	Executed on	By	ignature of Controlling Officeholder, Candidate,		_
_					FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
			Residents for Love Lafa	yette - YES	on H 2024		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	₹:	SUPPORT
			Н	Lafayette			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	holder, candid	date, or state meas	sure propor	nent, if any.
<u> </u>			NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this State	ement: List any committees						
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DIST	TRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office	eholder Comm	nittee List	names of
	☐ YES ☐ NO		onicenoider(s) or candidate(s)	ioi wilicii ulis	committee is prima	arny tormea.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
							OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	
							SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICE HOLDER OR	ANDIDATE	OFFICE COLLOUT	OBJUELD	OPPOSE
			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OK HELD	SUPPORT
							OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO						☐ OPPOSE
OTHER ADDRESS (NO FO. E							
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Atta	sh continuatio	on sheets if necess	ean/	
			Attac	.n continuatio	ni sneets ii necess	sai y	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from _7/1/24	california 460
through 9/21/24	Page _3 of13
-	1.D. NUMBER 1473097

Residents for Love Lafayette - YES on H 2024			1473097
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$\frac{11,355}{0}\$ \$\frac{11,355}{0}\$ \$\frac{0}{11,355}\$ \$\frac{0}{11,355}\$	\$\frac{11,355}{0}\$ \$\frac{11,355}{0}\$ \$\frac{11,355}{0}\$ \$\frac{11,355}{0}\$	1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$ 5,705.88 0 5,705.88 0 0 0 5,705.88	\$ 5,705.88 0 5,705.88 0 0 5,705.88	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse		To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts	\$		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460	
SEE INSTRUCT	IONS ON REVERSE			through 9/21/24		Page	e of
NAME OF FILER Residents	t for Love Lafayette - YES on H 2024					1.D. N 1473	UMBER 097
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 CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/30/24	Suzy Pak Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	Community Outreach Coordinator, Lamorinda Village	100	100		100
8/8/24	John McCormick Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	Small Business Owner, Lamorinda Music	25	25		25
8/9/24	Matt Pease Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	50	50		50
8/12/24	Grace Dixon Lafayette, CA 94549	IND COM OTH PTY SCC	self, Grace Dixon tutor	25	25		25
8/18/24	Sanjay Srivatsa Larayette, CA 94549	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self, Sanjay Srivatsa consulting	500	500		500
			SUBTOTAL	700			
Amount re (Include a     Amount re	A Summary ecceived this period – itemized monetary contributions all Schedule A subtotals.)	• 7   7   7   7   7   7   7   7   7   7	0	,355	IND - COM OTH PTY	othe) Other – Politic	
<ol><li>Total mon (Add Line</li></ol>	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.) <b>TOTAL \$</b> 1	,355		FPI	PC Form 460 (Jan/2016)

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

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 46

Statement covers period

				from		F	ORM 400	
NAME OF FILER Residents o	of Love Lafayette - YES on H 2024			through 9/21/24	±1	1-1/2000	5 of JMBER 097	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/20/24	Karen Maggio Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	100	100		100	
8/22/24	Budd MacKenzie Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	retired	160	160		160	
8/22/24	Kathy Bowles Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	retired	500	500		500	
8/22/24	Suzanne Rogge Larayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	retired	30	30		30	
8/22/24	Chervi Noll Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	attorney, Bowles & Verna, LLP	250	250		250	
	SUBTOTAL \$ 1,040							

\*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

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from	CALIFORNIA 460
		through _9/21/24	Page of13
NAME OF FILER			I.D. NUMBER
Residents of Love Lafayette - YES on H 2024			1473097

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
Bob & Ellie Fisher Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	100	100	100
Thomas Steuber Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	CEO, Harold A Steuber Enterprises, Inc.	200	200	200
Marisa Wilson Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	100	100	100
Jill & David Douglas Lafayette, CA 94549	IND COM OTH PTY	personal assistant/CEO Janet Cronk/Douglas Parking LLC	100	100	100
Robin Holt Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	105	105	105
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Bob & Ellie Fisher Lafayette, CA 94549  Thomas Steuber Lafayette, CA 94549  Marisa Wilson Lafayette, CA 94549  Jill & David Douglas Lafayette, CA 94549  Robin Holt	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Bob & Ellie Fisher  Lafayette, CA 94549  Thomas Steuber  Lafayette, CA 94549  Marisa Wilson  Lafayette, CA 94549  Marisa Wilson  Lafayette, CA 94549  Jill & David Douglas  Lafayette, CA 94549  Robin Holt  Lafayette, CA 94549  Robin Holt  Lafayette, CA 94549	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Bob & Ellie Fisher  Lafayette, CA 94549  Thomas Steuber  Lafayette, CA 94549  Marisa Wilson  Lafayette, CA 94549  Jill & David Douglas  Lafayette, CA 94549  Jill & David Douglas  Lafayette, CA 94549  Robin Holt  Lafayette, CA 94549  Robin Holt  Lafayette, CA 94549  CONTRIBUTOR CODE **  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPTION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPTION AND EMPLOYED, ENTER NAME) OF BUSINESS)  OCCUPTION AND EMPLOYED, ENTER NAME) OF BUSINESS  OCCUPTION AND EMPLOYED, ENTER NAME) OF BUSINESS OF BUSINESS OF BUSINESS  OCCUPTION AND EMPLOYED, ENTER NAME) OF BUSINESS OF	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Bob & Ellie Fisher  Lafayette, CA 94549  Thomas Steuber  Lafayette, CA 94549  Marisa Wilson  Maris	CONTRIBUTOR CODE  CONTRIBUTOR CODE  CODE  CODE  CODE  CONTRIBUTOR CODE  CODE  CODE  CODE  CODE  CODE  CODE  CODE  COM CODE  COM COM COM COM COM COM COM COM COM CO

\*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

Amounts may be rounded

SCHEDULE A (CONT.)

Ionetary Contributions Received	to whole dollars.	Statement covers period from 7/1/24	CALIFORNIA 460
		through _9/21/24	Page of
AME OF FILER			I,D, NUMBER
Residents of Love Lafayette - YES on H 2024			1473097

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)				
8/22/24	Carl Anduri Lafayette, CA 94549	IND COM OTH PTY	retired	250	250	250				
8/22/24	Karen Taylor Lafayette, CA 94549	IND COM OTH PTY	retired	1050	1050	1050				
8/18/24	Matthew Pease Lafayette, CA 94549	IND COM OTH PTY	retired	950	1050	1050				
8/22/24	Anne Mitchell Lafayette, CA 94549	IND COM OTH PTY	retired	100	100	100				
8/23/24	Daniel McAdams Lafayette, CA 94549	IND COM OTH PTY	retired	250	250	250				
	SUBTOTAL \$ 2,600									

*Con	trib	uto	٦C	C	ode	es

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

### **Schedule A (Continuation Sheet)**

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole o	to whole dollars.		Statement covers period from		CALIFORNIA 460	
				through 9/21/24		Page _	8 of	
NAME OF FILER						I.D. NU	IMBER	
Residents of	of Love Lafayette - YES on H 2024					1473	097	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/24/23	Janet Thomas Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	250	250		250	
8/24/23	Meredith Meade Larayette, CA 94549	IND COM OTH PTY	retired	500	500		500	

8/24/23	John McCormick  Latayette, CA 94549	☑IND □COM □OTH □PTY □SCC	Small Business Owner, Lamorinda Music	1000	1025	1025
8/24/24	Janet Cronk Lafayette, CA 94549	IND COM OTH PTY	retired	1000	1000	1000
8/25/24	Jim Cervantes Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	250	250	250
SUBTOTAL \$ 3,000						

\*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 A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d		Statement coverage from 7/1/24	ers period	CALIF FC	ORNIA 460
				through		Page _	9 of
AME OF FILER						I.D. NUI	MBER
Residents of	f Love Lafayette - YES on H 2024					14730	097
	FULL NAME STREET ADDRESS AND ZIP CODE OF		IE AN INDIVIDUAL ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION

Kathleen Marshall Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	retired	500	500	500
	500				
Mary McCosker Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	105	105	105
Steve & Ellen Poling Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	105	105	105
Rand Chritton  Lafayette, CA 94549	IND COM OTH PTY	retired	100	100	100
Susan & Robert Stabler Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	250	250	250
	Steve & Ellen Poling Lafayette, CA 94549  Rand Chritton Lafayette, CA 94549  Susan & Robert Stabler	Lafayette, CA 94549  Steve & Ellen Poling  Lafayette, CA 94549  Rand Chritton  Lafayette, CA 94549  PTY  SCC  Rand Chritton  Lafayette, CA 94549  Susan & Robert Stabler  Lafayette, CA 94549  Susan & Robert Stabler	Lafayette, CA 94549  Steve & Ellen Poling  Lafayette, CA 94549  Rand Chritton  Lafayette, CA 94549  Rand Chritton  Lafayette, CA 94549  Susan & Robert Stabler  Lafayette, CA 94549  Lafayette, CA 94549  Lafayette, CA 94549	Lafayette, CA 94549  Steve & Ellen Poling  Lafayette, CA 94549  Com OTH PTY SCC  Rand Chritton  Lafayette, CA 94549  Com OTH PTY SCC  Rand Chritton  Lafayette, CA 94549  Susan & Robert Stabler  Lafayette, CA 94549  Com OTH PTY SCC  Fetired  100  250  Tetired  100  100  Tetired  100	Lafayette, CA 94549  Steve & Ellen Poling  Lafayette, CA 94549  Rand Chritton  Lafayette, CA 94549  Susan & Robert Stabler  Lafayette, CA 94549  COM OTH PTY SCC  Pretired  105  105  105  105  Tetired  100  100  100  100  100  100  100  1

\*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 A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d		Statement covers period CA from 7/1/24			CALIFORNIA 460		
				through	-	Page _	10 of	13	
Residents o	of Love Lafayette - YES on H 2024					1.D. NU 14730			
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T	O DATE	PER EL	ECTION	_

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)	
8/31/24	J Roger & Jeane Samuelsen Lafayette, CA 94549	IND COM OTH PTY SCC	retired	100	100	100	
8/29/24	Mark Logan Lafayette, CA 94549	IND COM OTH PTY	retired	100	100	100	
9/3/24	Steven Falk Oakland, CA 94618	☑IND □COM □OTH □PTY □SCC	retired	250	250	250	
9/6/24	Wei-Tai Kwok Lafayette, CA 94549	IND COM OTH PTY SCC	Head of US and Chief Marketing Officer/Bila Solar	600	600	600	
9/6/24	Anne Grodin Larayette, CA 94549	☑IND □COM □OTH □PTY □SCC	retired	500	500	500	
SUBTOTAL \$ 1,550							

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PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from		F(	ORM TOO
NAME OF FILER Residents o	of Love Lafayette - YES on H 2024			through _9/21/24		Page _ I.D. NU 1473	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/11/24	Richard Whitmore Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	retired	250	250		250
9/13/24	Suzy Pak  Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	Community Outreach Coordinator/Lamorinda Village	500	600		600
9/20/24	Kathleen Merchant Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	50	50		50
		□IND □COM □OTH □PTY □SCC					
N		□IND □COM □OTH □PTY □SCC					
			SUBTOTALS	800	THE WAY	14 E	

\*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

	Amounts may be rounded to whole dollars.			Statement covers period from 7/1/24 through 9/21/24	FO	SCHEDULE ORNIA 460 RM 12 of 13
Residents for Love Lafayette - YES on H 2024					14730	
CNS campaign consultants MTG in CTB contribution (explain nonmonetary)* OFC of CVC civic donations PET properties of fundraising events POL properties of legal defense PRO properties of the pr	member commeetings and office expens optition circul others banks onling and suppostage, deling and suppostage, de	munications d appearance ses ating urvey resea very and me	s Jes	wise, describe the payment.  RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production recommendate travel, lodging, and staff/spouse travel, lodging, attransfer between committees voter registration WEB information technology costs	uction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Raise the Money PO Box 26466, Little Rock, AR 72221		PRO	monthly account	& credit card fees		350.08
Mechanics Bank 3640 Mt Diablo Blvd, Lafayette, CA 94549		PRO	monthly account	fees & checks		37.75
Secretary of State 1500 11th Street, Sacramento, CA 95814		FIL	Filing Fee			50

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

**SUBTOTAL \$** 437.83

Summary

1.	Itemized payments made this period. (Include all Schedule E subtotals.)	5,705.88	_
	Unitemized payments made this period of under \$100\$	0	
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0	
4.	Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	5,705.88	

FPPC Form 460 (Jan/2016))

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SCHEDUL	 (OOI4).	

### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
7/1/24 from	FORM 400
through _9/21/24	Page of
	I.D. NUMBER
	1473097

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Residents of Love Lafayette - YES on H 2024

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 vote campaign literature and mailings PRT print ads WEB information with the companion of t

VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Good Guys Signs 5002 N Howard Ave, Tampa, FL 33603	CMP	yard signs	742.50
Sticker Mule 336 Forest Ave, Amsterdam, NY 12010	СМР	stickers	798.26
Lamorinda Weekly 1480 Moraga Road, Suite C #202, Moraga, CA 94556	PRT	ads	3,548.00
Sticker Mule 336 Forest Ave, Amsterdam, NY 12010	LIT	postcards	179.29

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

SUBTOTAL \$ 5,268.05

Statement of C Recipient Com	_			Date Stamp  DIGITALLY	CALIFORNIA 410
Statement Type	✓ Initial	☐ Amendment	☐ Termination – See Part 5	RECEIVED AND FILED	
	O Not yet qualified			in the office of the California Secretary of State	CED 0.0 2004
	or  Date qualification threshold met	Date qualification threshold met	Date of termination	AUG 23 2024	SEP 0 9 2024
	8 / 22 / 2024	//	//		CITY OF LAFAYETTE
1. Committee li	nformation I.D. Number	1473097	2. Treasurer and O	ther Principal Officers	
NAME OF COMMITTEE			NAME OF TREASURER		
Residents of Lo	ve Lafayette - YES on H 202	24	Suzy Pak		
Residents of Lo	ve Lalayette - 115 on 11 202	77	STREET ADDRESS (NO P.O. BOX)		STATE ZIP CODE
				Lafayette	CA 94549
STREET ADDRESS (NO P.O.	POVI		EMAIL ADDRESS OF TREASURE	R (REQUIRED)	AREA CODE/PHONE
STREET ADDRESS (NO P.O.	. BOX)				
CITY	CTATE	TID CODE ADEA CODE/DUONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
Lafayette	STATE CA	ZIP CODE AREA CODE/PHONE 94549	Richard Whitmore		
FULL MAILING ADDRESS (		34343	STREET ADDRESS (NO P.O. BOX)		STATE ZIP CODE
FOLE MAILING ADDICESS	to Differency	· ·		Lafayette	CA 94549
F-MAIL ADDRESS OF COM	MITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE
LafayetteSalesTax@					
COUNTY OF DOMICILE	JURISDICTION WHERE C	OMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S  Matt Pease	5)	
Contra Costa	Lafayette			-	
		1	STREET ADDRESS (NO P.O. BOX)	CITY Lafayette	STATE ZIP CODE  CA 94549
		ć.	FAMIL ADDRESS OF DRINGIPAL		AREA CODE/PHONE
Attach additional in	nformation on appropriately labe	led continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CODE/PHONE
3. Verification					
Lhave weed all sees			function and a death a information	n sentained benein is true and	annulate Leastifu under
	onable diligence in preparing thi under the laws of the State of Ca			n contained herein is true and	complete. I certify under
			Digitally signed by Suzy Pak		
Executed on 8/23/2	2024 By Suzy Pa	IK SIGNA	Dale; 2024.08.23 11:29:32 -01 TURE OF TREASURER OR ASSISTANT TREASURER	7'00'	
		SIGNA	TORE OF TREASURER ON ASSISTANT TREASURER		
Executed on	DATE By	SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONTROLL	LING OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT	
Executed on	Ву			ALUNE RACRAMENT	
	DATE	SIGNATURE OF CONTROLL	LING OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASOKE PROPONENT	EDDC F 410 (Ostob/2022)

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

#### california 410 Statement of Organization **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER Residents of Love Lafayette - YES on H 2024 1473097 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 AREA CODE/PHONE BANK ACCOUNT NUMBER Mechanics Bank - Suzy Pak 925-962-6900 ADDRESS OF FINANCIAL INSTITUTION STATE ZIP CODE 3640 Mt Diablo Blvd Lafayette CA 94549 4. Type of Committee Complete the applicable sections.

#### Controlled Committee

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

- 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.

	(1102002 010111011101102111111111111011022)	 CHECK	ONE		
i.		Nonpartisan	Partisan	(list political par	ty below)
		Nonpartisan	Partisan	(list political par	ty below)
	pose specific candidates or measures in a single el				
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT ÑO. OR LETTI IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HE (INCLUDE DISTRICT NO., CITY O		ION	CHECK	ONE
Residents of Love Lafayette - YES ON H 2024	Lafayette			SUPPORT	OPPOSE
				CLIDDORT	ODDOFF

ELECTIVE OFFICE SOUGHT OR HELD

(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF

PARTY

# Statement of Organization

CALIFORNIA

Recipient Committee						FORM	410
NSTRUCTIONS ON REVERSE						Page 3	
OMMITTEE NAME Residents of Love Lafayette - YES	on H 2024			1		1.D. NUMBER 1473097	
4. Type of Committee (Contin	ued)						
General Purpose Committee	Not formed to support or oppose  CITY Committee	-	ndidates or measures in a UNTY Committee	a single election. Check			
ROVIDE BRIEF DESCRIPTION OF ACTIVITY							
Sponsored Committee List a	dditional sponsors on an attachme	nt.					
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATIO	N OF SPONSOR			
STREET ADDRESS NO. AND STR	EET	CITY	•	STATE	ZIP CODE	AREA CODE/	PHONE
Small Contributor Committee							
F 7	Date qualified	51.54					

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.

#### **497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER	T. C. H. WIRO. W. COO.	Date of 8	/26/24		IFORNIA 497
	Lafayette - YES on H 2024	I his Filing		F	ORM 431
AREA CODE/PHONE N	UMBER I.D. NUMBER (if applicable 1473097	Report No. 2		RECEIVED	For Official Use Only
STREET ADDRESS		☐ Amendmer to Report No.	nt	AUG 2 6 2024	
CITY Lafayette	STATE CA	ZIP CODE (explain below) 94549 No. of Pages	1	CITY OF LAFAYETTE	
1. Contribution	(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AN (IF COMMITTEE, ALSO EI		CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINES	
8/24/2024	Janet Cronk Lafayette, CA 94549		IND COM OTH PTY SCC	retired	1,000  Check if Loan  Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan  Provide interest rate
			IND COM OTH PTY SCC		Check if Loan  Provide interest rate
Reason for Amend	ment:			* Contributor Codes IND - Individual COM - Recipient Committee (o OTH - Other (e.g., business er PTY - Political Party SCC - Small Contributor Comr	ntity)

Statement of C Recipient Con	mittee			RECEIVE	CALIFORNIA 410
Statement Type	☑ Initial ② Not yet qualified or ○ Date qualification threshold met	☐ Amendment  Date qualification threshold met	☐ Termination – See Par  Date of termination	5 AUG 16 2024 CITY OF LAFAYETT	For Official Use Only
1. Committee I	nformation I.D. Number		2. Treasurer and	l Other Principal Officers	
STREET ADDRESS (NO P.O		120 0111 2024	STREET ADDRESS (NO P.O. EMAIL ADDRESS OF TREAS	Lafayette	STATE ZIP CODE  CA 94549  AREA CODE/PHONE
CITY	STATE CA	ZIP CODE AREA CODE/PHONE 94549	NAME OF ASSISTANT TREA Richard Whitmore STREET ADDRESS (NO P.O.	)	925-899-0990 STATE ZIP CODE
FULL MAILING ADDRESS	(IF DIFFERENT)  AMITTEE (REQUIRED) / FAX (OPTIONAL)			Lafayette  ANT TREASURER (REQUIRED)	CA 94549  AREA CODE/PHONE
LafayetteSalesTa		OMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICE Matt Pease		
	nformation on appropriately labe	led continuation sheets.	STREET ADDRESS (NO P.O.	BOX) CITY Lafayette  PAL OFFICER(S) (REQUIRED)	STATE ZIP CODE CA 94549  AREA CODE/PHONE
	onable diligence in preparing thi under the laws of the State of Ca			ation contained herein is true and co	omplete. I certify under
Executed on	DATE By Suzy Pa	ık	Digitally agreed by Sury Date: 2024.08.15.22:46 TURE OF TREASURER OR ASSISTANT TREASU	49 -07102	_
Executed on	DATE By		LING OFFICEHOLDER, CANDIDATE, OR STATE		
Executed on	DATE BY		LING DEFICEHOLDER, CANDIDATE, ORSTATE		

FPPC Form 410 (October/2023)
FPPC Advice: <a href="mailto:advice@fppc.ca.gov"><u>advice@fppc.ca.gov</u></a> (866/275-3772)
<a href="mailto:www.fppc.ca.gov"><u>www.fppc.ca.gov</u></a>

RESIDENTS OF LOVE LAFAYETTE - YES ON H 2024						I.D. NUMBER		
All committees must list the financial institution where the camp	aign bar	nk account is located and t	the person(s) a	uthorized	to obtain ba	nk records.		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	s		AREA CODE/PHON	ΙĒ	BANK ACCO	UNT NUMBER		
Mechanics Bank - Suzy Pak			925-962-6	900				
ADDRESS OF FINANCIAL INSTITUTION		CITY			STATE	Z	IP CODE	
4. Type of Committee Complete the applicable sections.	PAR			N.	Balling	FRATA		F (100)
Controlled Committee								
<ul> <li>List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if a</li> </ul>			r officeholder o	controlled,				
• List the political party with which each officeholder or candidate is	s affiliate	d or check "nonpartisan."	Stating "No pa	rty prefere	nce" is accep	table.		
• If this committee acts jointly with another controlled committee, I	list the n	ame and identification nun	nber of the oth	er controll	ed committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(	ELECTIVE OFFICE SOUGHT OR H		YEAR OF ELECTION	PART CHECK			
					Nonpartisan	Partisan	(list political pa	rty below)
					Nonpartisan	Partisan	(list political pa	rty below)
Primarily Formed Committee Primarily formed to support or opp	ose spec	ific candidates or measure	es in a single ele	ection. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER IF A RECALL, STATE "RECALL" IN FRONT DE THE OFFICEHOLDER'S NAME.	R)		FICE SOUGHT OR HE			ON	CHECK	KONE
Measure H		Lafayette, California					SUPPORT	OPPOSE
							SUPPORT	OPPOSE

Statement of Organization Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 2

Statement of Organi Recipient Committe					CALIFORNIA 410
INSTRUCTIONS ON REVERSE					Page 3
RESIDENTS OF LOVE L	AFAYETTE - YES ON H 2024				1.D. NUMBER
4. Type of Committee	(Continued)	SI PER LIBERT SP	STATE BANK PARTS		
General Purpose Committe	Not formed to support or CITY Committee	oppose specific candidates or med	-		:
PROVIDE BRIEF DESCRIPTION OF ACTI	VITY				
Sponsored Committee	List additional sponsors on an at	ttachment.			
NAME OF SPONSOR		INDUSTRY GROUP O	DR AFFILIATION OF SPONSOR		
STREET ADDRESS NO. A	ND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committe	ee	_			
5. Termination Require	Oate qualified  ements By signing the verific	ation, the treasurer, assistant treasurer an	nd/or candidate, officeholder, or ponent	certify that all of t	he 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.

#### **497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER Residents of Love	Lafayette - YES on H 202	4		Date of 8/	23/24	Date Stamp	CALIFO	
AREA CODE/PHONE N	•	LD. NUMBER (if applical 1473097	ole)	Report No.	1	RECEIVED	For	Official Use Only
CITY Lafayette  1. Contribution	(s) Received	STATE CA	ZIP CODE 94549	to Report No. (explain below) No. of Pages	2	AUG 23 2024 CITY OF LAFAYETTE		
DATE RECEIVED	FULL NAME	, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ND ZIP CODE OF CONTRIB NTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
8/22/24	Matthew Pease Lafayette, CA 94549				IND COM	retired		950 Check if Loan  Provide interest rate
8/9/24	Matthew Pease Lafayette, CA 94549			=======================================	IND COM OTH PTY SCC	retired		50 Check if Loan
8/22/24	Karen Taylor Lafayette, CA 94549				IND COM OTH PTY SCC	retired		1050 Check if Loan  ** Provide interest rate
Reason for Amend	ment:	omno compan.				* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ess entity)	

NAME OF FILER Residents of Love	Lafayette - YES on H 202	24	Date of 8/	23/24	Date Stamp	CALIFORNIA 49	
AREA CODE/PHONE N	UMBER	I.D. NUMBER (if applicable) 1473097	Report No			For	Official Use Only
STREET ADDRESS CITY Lafayette		STATE ZIP CODE CA 94549	Amendmen to Report No. (explain below)	2			
1. Contribution	s) Received						
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME O		AMOUNT RECEIVED
8/8/24	John & Colleen McC Lafayette, CA 94549	ormick		IND COM OTH PTY SCC	Small Business Owner Lamorinda Music		25 Check if Loan Provide interest rate
8/22/24	John & Colleen McC Lafayette, CA 94549	ormick		IND COM OTH PTY SCC			1000 Check if Loan Provide interest rate
				IND COM OTH SCC			Check if Loan

Reason for Amendment: \_

\* 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

Statement Type    Initial	Statement of C Recipient Com	_		Date Stamp	CALIFORNIA 410				
O Not yet qualified or Date qualification threshold met 8 22 2024  1. Committee Information	tatement Type	☑ Initial	☐ Amendment	☐ Termination – See Part 5	RECEIVED	For Official Use Only			
Date qualification threshold met  8		O Not yet qualified							
1. Committee Information  I.D. Number (If applicable)  NAME OF COMMITTEE  Residents of Love Lafayette - YES on H 2024  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  NAME OF ASSISTANT TREASURER (REQUIRED)  NAME OF ASSISTANT TREASURER (REQUIRED)  NAME OF ASSISTANT TREASURER, IF ANY  Richard Whitmore  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE		or  Date qualification threshold met	Date qualification threshold met	Date of termination	AUG 2 3 2024				
NAME OF COMMITTEE  Residents of Love Lafayette - YES on H 2024  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  AREA CODE/PHONE  CITY  STATE ZIP CODE AREA CODE/PHONE  CA 94549  CITY  STATE ZIP CODE AREA CODE/PHONE  CA 94549  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE		8 / 22 / 2024	///		CITY OF LAFAYETTE				
Residents of Love Lafayette - YES on H 2024  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  AREA CODE/PHONE  CITY  STATE ZIP CODE  AREA CODE/PHONE  CA 94549  AREA CODE/PHONE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  CA 94549  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE	1. Committee li		1473097	2. Treasurer and O	ther Principal Officers				
Residents of Love Lafayette - YES on H 2024  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  AREA CODE/PHONE  NAME OF ASSISTANT TREASURER, IF ANY  Richard Whitmore  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  AREA CODE/PHONE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE	NAME OF COMMITTEE			NAME OF TREASURER					
Lafayette CA 94549  EMAIL ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  NAME OF ASSISTANT TREASURER, IF ANY Richard Whitmore  CA 94549  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX)  STATE ZIP CODE STREET ADDRESS (NO P.O. BOX)  STATE ZIP CODE	Pasidents of Love Lafavette VES on H 2024								
EMAIL ADDRESS OF TREASURER (REQUIRED)  AREA CODE/PHONE  NAME OF ASSISTANT TREASURER, IF ANY  Richard Whitmore  CA 94549  EMAIL ADDRESS OF TREASURER (REQUIRED)  AREA CODE/PHONE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX)								
STREET ADDRESS (NC P.O. BOX)  NAME OF ASSISTANT TREASURER, IF ANY  Richard Whitmore  CA 94549  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE					Lafayette	CA 94549			
CITY STATE ZIP CODE AREA CODE/PHONE Richard Whitmore  CA 94549 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	ETREET ADDRESS (NO. 20	nov)		EMAIL ADDRESS OF TREASURE	R (REQUIRED)	AREA CODE/PHONE			
CITY STATE ZIP CODE AREA CODE/PHONE Richard Whitmore  CA 94549 STREET ADDRESS (NO RO. BOX) CITY STATE ZIP CODE	STREET ADDRESS (NO P.O.	J. BOX)							
CA 94549 STREET ADDRESS (NO RO. BOX) CITY STATE ZIP CODE	CITY	STATE	7/D CODE AREA CORE/DUONE		ER, IF ANY				
STREET ADDRESS (NO RO. BOX)	CITY			the state of the s					
Larayette CA 94549	EMIL MAILING ADDRESS !		74347	STREET ADDRESS (NO P.O. BOX					
	POLE MAILING ADDRESS (	(IF DIFFERENT)							
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)	E-MAIL ADDRESS OF COM	MMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE			
La favetto Sales Tay @gmail.com									
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE MARK OF PRINCIPAL OFFICER(S)  Matt Pease			OMMITTEE IS ACTIVE		5)				
Contro Costa Lafarrette		200							
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	COMITA COSTA	Intervent		STREET ADDRESS (NO P.O. BOX					
Attach additional information on appropriately labeled continuation sheets.  Attach additional information on appropriately labeled continuation sheets.	Attach additional ir	nformation on appropriately labe	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CODE/PHONE			
3. Verification	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	I have used all reas	sonable diligence in preparing thi	s statement and to the best of	my knowledge the information	on 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.					~ ~ .	tompleter veertify ender			
Executed on 8/23/2024 Suzy Pak Date: 2024.08.23 1129:32-0700' Suzy Pak	8/23/2	2024 Suzy Pa	ık	Digitally signed by Suzy Pak	Sun Vale				
Executed on DATE By SIGNATURE OF TREASURER OR ASSISTANT TREASURER	Executed on	DATE By			any rak				
Executed on By	Executed on	By							
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	ENCERTED OIL	DATE	SIGNATURE OF CONTROLLI	NG OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT				
Executed onBySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	Executed on	DATE By	SIGNATURE OF CONTROLL	NG OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROFONENT	_			
Executed onBy	Executed on		SIGNATURE OF COLUMN	NG OFFICENOI DES CANDIDATE DE CUITA	ASURE RECONERT				

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee				CALIFORNIA FORM	410
NSTRUCTIONS ON REVERSE				Page 2	
COMMITTEE NAME Residents of Love Lafayette - YES on H 2024				I.D. NUMBER 1473097	
All committees must list the financial institution where the campaign be	ank account is located and t	he person(s) authorize	d to obtain ba	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCO	UNT NUMBER	
Mechanics Bank - Suzy Pak		925-962-6900			
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE	
3640 Mt Diablo Blvd	Lafayette		CA	94549	
4. Type of Committee Complete the applicable sections.			a Ningy St		
Controlled Committee					
List the name of each controlling officeholder, candidate, or state measur also list the elective office sought or held, and district number, if any, and		officeholder controlled	i,		
List the political party with which each officeholder or candidate is affiliat	ted or check "nonpartisan." :	Stating "No party prefer	rence" is accep	table.	
If this committee acts jointly with another controlled committee, list the	name and identification nun	nber of the other contro	olled committe	e.	
	ELECTIVE OFFICE SOUGHT OR H	ELD YEAR OF	PART	гу	

		Nonpartisan	Partisan	(list political par	ctu halawi
				( panaan pan	ty below)
		Nonpartisan	Partisan	(list political par	rty below
pecific candidates or measures in a single e	election. List	t below:			
			ION	CHECK	ONE
Lafayette				SUPPORT	OPPOS
				SUPPORT	OPPO:
	CANDIDATE(S) OFFICE SOUGHT OR I (INCLUDE DISTRICT NO., CITY	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASU (INCLUDE DISTRICT NO., CITY OR COUNTY, AS	pecific candidates or measures in a single election. List below:  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICT (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	pecific candidates or measures in a single election. List below:  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	pecific candidates or measures in a single election. List below:  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  CHECK SUPPORT  Lafayette

Statement of Organizati Recipient Committee	on					CALIFORNIA 410
instructions on reverse committee name Residents of Love Lafayette - YEs	S on H 2024					Page 3 1.D. NUMBER 1473097
4. Type of Committee (Conti	nued)	B. Carrier				
General Purpose Committee	Not formed to support or oppose	-	andidates or measures in a si DUNTY Committee	ingle election. Check		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee List :	additional sponsors on an attachme	ıt.				
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION C	DF SPONSOR		
STREET ADDRESS NO. AND STR	REET	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	□//					
5. Termination Requirement	Date qualified  Date qualified  Date qualified	reasurer, as	ssistant treasurer and/or candidate	, officeholder, or ponent co	ertify that all of th	e 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
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  - 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 Recipient Co	Organization						CALIFORNIA	410
Statement Type		П.				RECEIVED.	FORM	.0-1-
Statement Type	<u></u>	☐ Amendment	$\mathbb{P}^{-1}$	Termination – See Part 5	П		For Official Us	e Only
	Not yet qualified or	1	1		П	JUL 3 0 2024		
	O Date qualification threshold m	et Date qualification threshold met	t	Date of termination	П	CITY OF LAFAYETTE		
			_	//	I	CITY OF LAPATETTE	l	
1. Committee	I.D. Number	er		2. Treasurer and Ot	th	er Principal Officers		
NAME OF COMMITTE				NAME OF TREASURER				
RESIDENT	S OF LOVE LAFAYETTE	- YES ON 2024		Suzy Pak				
				STREET ADDRESS (NO P.O. BOX)	)	спу Lafayette	STATE CA	ZIP CODE 94549
				EMAIL ADDRESS OF TREASURER	0 / 0 (			DE/PHONE
STREET ADDRESS (NO	P.O. BOX)			EMAIL ADDRESS OF TREASURER	, (11)	EQUIRED	ANEACO	DEFFHONE
				NAME OF ASSISTANT TREASURE	ER, I	FANY		
CITY	STATE	ZIP CODE AREA CODE/PHONE		Richard Whitmore				
Lafayette	CA	94549		STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
FULL MAILING ADDRE	SS (IF DIFFERENT)					Lafayette	CA	94549
E-MAIL ADDRESS OF	OMMITTEE (REQUIRED) / FAX (OPTIONAL)		_	EMAIL ADDRESS OF ASSISTANT	TRE	ASURER (REQUIRED)	AREA CO	DE/PHONE
	ax@gmail.com			NAME OF PRINCIPAL OFFICER(S)				
COUNTY OF DOMICIL		E COMMITTEE IS ACTIVE		Matt Pease	)			
Contra Costa	Lafayette			STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
	•					Lafayette	CA	94549
Attach addition	l information on appropriately lo	sheled continuation sheets		EMAIL ADDRESS OF PRINCIPAL O	OFF	ICER(S) (REQUIRED)	AREA CO	DE/PHONE
Attach daditiont	ii iiijoimiation on appropriately it	beleu continuación sheets.						
					-	CHICAGON AND AND AND AND		
3. Verificatio	n i i i i i i i i i i i i i i i i i i i							
I have used all re	easonable diligence in preparing	this statement and to the best	of my	knowledge the information	n c	ontained herein is true and o	complete. I certify i	ınder
	ry under the laws of the State of						,	
Executed on	130/2024 By	Sum Pal						
-	DATE	SIGN	ATURE O	F TREASURER OR ASSISTANT TREASURER				
Executed on	DATE By	SIGNATURE OF CONTROL	LLING OF	FICEHOLDER, CANDIDATE, OR STATE MEAS	SURI	E PROPONENT	-	
Executed on	DATE By	SIGNATURE OF CONTROL	LLING OF	FICEHOLDER, CANDIDATE, OR STATE MEAS	SURI	E PROPONENT	_	
Executed on	Ву			FICEHOLDER, CANDIDATE, OR STATE MEA			_	
	DATE	SIGNATURE OF CONTRO	LLING OF	TICEHOLDER, GANDIDATE, OR STATE MEA!	NUCE	E PROPONENT		

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization Recipient Committee				CALIFORNIA FORM	410
NSTRUCTIONS ON REVERSE				Page 2	
RESIDENTS OF LOVE LAFAYETTE - YES ON 2024				I.D. NUMBER	
All committees must list the financial institution where the campaign bank	caccount is located and t	he person(s) authori	zed to obtain ban	k records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCOU	INT NUMBER	
Mechanics Bank					
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE	
	Lafayett	е	CA	94549	

#### Controlled Committee

4. Type of Committee Complete the applicable sections.

- 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.

					SUPPORT	OPPOSE
YES ON 2024	LAFAYETTE				SUPPORT	OPPOSE
Primarily Formed Committee  Primarily formed to support or oppose specific conditions on the committee of th	ecific candidates or measures in a single el CANDIDATE(S) OFFICE SOUGHT OR H (INCLUDE DISTRICT NO., CITY (	ELD OR MEASU	RE(S) JURISDICT	ON	CHECK	ONE
	10.50		Nonpartisan	Partisan	(list political part	ty below)
			Nonpartisan	Partisan	(list political part	ty below)
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD  CEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE)		PAR CHECK			

### Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

FORM 410

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7	318	е	. 3	
	- 4	,-	_	

I.D. NUMBER

**RESIDENTS OF LOVE LAFAYETTE - YES ON 2024** 

4. Type of Committee (Cont	inued)				
General Purpose Committee	Not formed to support or op CITY Committee	pose specific candidates or measu COUNTY Committee	res in a single election. Chec	-	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY					
SUPPORT RESIDENTS OF	LOVE LAFAYETTE - YES O	N 2024			
Sponsored Committee List	additional sponsors on an atta	chment.			
NAME OF SPONSOR		INDUSTRY GROUP OR A	FFILIATION OF SPONSOR		
STREET ADDRESS NO. AND ST	FREET	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;
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