

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

|                                   |                            |
|-----------------------------------|----------------------------|
| Date Stamp                        | <b>CALIFORNIA FORM 460</b> |
| <b>RECEIVED</b><br>10/10/22<br>GA | Page 1 of 5                |
|                                   | For Official Use Only      |

|                                |                                       |
|--------------------------------|---------------------------------------|
| <b>Statement covers period</b> | <b>Date of Election if applicable</b> |
| from 01/01/2022                | 11/08/2022                            |
| through 09/24/2022             | (Month, Day, Year)                    |

**1. Type of Recipient Committee**

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
 Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

Pre-election Statement  
 Semi-Annual Statement  
 Termination Statement  
 Amendment

Quarterly Statement  
 Special Odd-Year Statement  
 Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information** I.D. Number 1453747

**COMMITTEE NAME**  
Yes on D, The Hueneme Beach Community Pride Initiative

**STREET ADDRESS (NO PO BOX)**  
[REDACTED]

**CITY** Encino **STATE** CA **ZIP CODE** 91436 **AREA CODE/PHONE** [REDACTED]

**MAILING ADDRESS (IF DIFFERENT)**

**CITY** **STATE** **ZIP CODE**

**OPTIONAL: FAX / E-MAIL ADDRESS**

**Treasurer(s)**

**NAME OF TREASURER**  
Jane Leiderman

**STREET ADDRESS**  
[REDACTED]

**CITY** Encino **STATE** CA **ZIP CODE** 91436 **AREA CODE/PHONE** [REDACTED]

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS**

**CITY** **STATE** **ZIP CODE** **AREA CODE/PHONE**

**OPTIONAL: FAX / E-MAIL ADDRESS**

**4. Verification**

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

Executed on 10/4/22 By [REDACTED] ASSISTANT TREASURER

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

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

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

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

Statement covers period  
from 01/01/2022  
through 09/24/2022

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

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

City of Port Hueneme's Measure D

|                           |              |  |
|---------------------------|--------------|--|
| BALLOT NO. OR LETTER<br>D | JURISDICTION | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|---------------------------|--------------|--|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR 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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

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

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

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

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from 01/01/2022<br>through 09/24/2022 | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page 3 of 5                    |

NAME OF FILER Yes on D, The Hueneme Beach Community Pride Initiative

I.D. NUMBER  
1453747

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

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

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

|   |             |             |
|---|-------------|-------------|
| <b>Expenditures Made</b>  |             |             |
| 6. Payments Made . . . . . Schedule E, Line 4                   | \$ 7,612.50 | \$ 7,612.50 |
| 7. Loans Made . . . . . Schedule H, Line 3                      | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6+7               | \$ 7,612.50 | \$ 7,612.50 |
| 9. Accrued Expenses (Unpaid Bills) . . . . . Schedule F, Line 3 | 0.00        | 0.00        |
| 10. Nonmonetary Adjustment . . . . . Schedule G, Line 3         | 0.00        | 0.00        |
| 11. TOTAL EXPENDITURES MADE . . . . . Add Lines 8+9+10          | \$ 7,612.50 | \$ 7,612.50 |

**Expenditure Limit Summary  
for State Candidates**

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

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

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

|   |             |
|---|-------------|
| <b>Current Cash Statement</b>   |             |
| 12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16   | \$ 0.00     |
| 13. Cash Receipts . . . . . Column A, Line 3 above                    | 16,000.00   |
| 14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4      | 0.00        |
| 15. Cash Payments . . . . . Column A, Line 8 above                    | 7,612.50    |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 8,387.50 |
| 17. LOAN GUARANTEES RECEIVED . . . . . Schedule B, Part 2             | \$ 0.00     |

|  |         |
|--|---------|
| <b>Cash Equivalents and Outstanding Debts</b>                          |         |
| 18. Cash Equivalents . . . . .   | \$ 0.00 |
| 19. Outstanding Debts . . . . . Add Lines 2 + Line 9 in Column B above | \$ 0.00 |

**Schedule A  
Monetary Contributions Received**

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>01/01/2022</u><br>through <u>09/24/2022</u> | <b>CALIFORNIA FORM 460</b> |
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NAME OF FILER Yes on D, The Hueneme Beach Community Pride Initiative

I.D. NUMBER  
1453747

| 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 | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|------------------|--|-----------------|---|------------------------------------|
| 08/05/2022    | Freedom 1st Association Inc<br>[REDACTED]<br>Port Hueneme, CA 93041                          | OTH              |  | 3,500.00        | 3,500.00  |                                    |
| 08/05/2022    | Harbor Management Group LLC<br>[REDACTED]<br>Oxnard, CA 93035                                | OTH              |  | 7,500.00        | 7,500.00  |                                    |
| 09/12/2022    | Westside Professional Management<br>[REDACTED]<br>Port Hueneme, CA 93041                     | OTH              |  | 5,000.00        | 5,000.00  |                                    |

**SUBTOTAL \$ 16,000.00**

**Schedule A Summary**

|   |                           |
|---|---------------------------|
| 1. Amount received this period - itemized contributions<br>(Includes all Schedule A subtotals) .....                                    | \$ 16,000.00              |
| 2. Amount received this period - unitemized .....   | \$ 0.00                   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) ..... | <b>TOTAL \$ 16,000.00</b> |

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

**Schedule E  
Payments Made**

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from <u>01/01/2022</u><br>through <u>09/24/2022</u> | <b>CALIFORNIA<br/>FORM</b> <b>460</b> |
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| NAME OF FILER Yes on D, The Hueneme Beach Community Pride Initiative           |                                       |
| I.D. NUMBER<br>1453747   |                                       |

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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                                | CODE or DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|--------------------------------|-------------|
| Locally Maps LLC<br>[REDACTED]<br>Port Hueneme, CA 93041 | WEB                            | 7,612.50    |

**SUBTOTAL \$ 7,612.50**

**Schedule E Summary**

|   |                          |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)  | \$ 7,612.50              |
| 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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 7,612.50</b> |