

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM **460**

Date Stamp

E-Filed
02/03/2014
13:07:34

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Page 1 of 22

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 10/20/2013

through 12/31/2013

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☒ Primarily Formed Ballot Measure Committee
☐ Controlled
☒ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1353742

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR
FUNDING BY AIDS HEALTHCARE FOUNDATION

STREET ADDRESS (NO P.O. BOX)

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

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

JPRASAD@CAMPAIGNLAWYERS.COM

Treasurer(s)

NAME OF TREASURER

LYLE HONIG

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 02/03/2014
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By LYLE HONIG
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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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

PRESCRIPTION DRUG PURCHASING

BALLOT NO. OR LETTER

JURISDICTION

☒ SUPPORT

☐ OPPOSE

D

SAN FRANCISCO

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

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 10/20/2013 through 12/31/2013	CALIFORNIA FORM 460
Page 3 of 22	I.D. NUMBER 1353742

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 135,000.00	\$ 310,000.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 135,000.00	\$ 310,000.00
4. Nonmonetary Contributions Schedule C, Line 3	21,312.80	23,544.42
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 156,312.80	\$ 333,544.42

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

6. Payments Made Schedule E, Line 4	\$ 159,952.73	\$ 323,595.89
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 159,952.73	\$ 323,595.89
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-59,362.85	14,317.23
10. Nonmonetary Adjustment Schedule C, Line 3	21,312.80	23,544.42
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 121,902.68	\$ 361,457.54

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 27,440.09
13. Cash Receipts Column A, Line 3 above	135,000.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	159,952.73
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,487.36

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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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	\$ 14,317.23

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>10/20/2013</u> through <u>12/31/2013</u>	CALIFORNIA FORM 460
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I.D. NUMBER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

1353742

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)
10/23/2013	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		30,000.00	344,508.88	G2013 \$50,000.00
11/04/2013	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		75,000.00	344,508.88	G2013 \$50,000.00
12/03/2013	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		30,000.00	344,508.88	G2013 \$50,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 135,000.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 135,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 135,000.00

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

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SEE INSTRUCTIONS ON REVERSE

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THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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)
11/08/2013	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		TRS	21,012.02	344,508.88	G2013 \$50,000.00
11/18/2013	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Paid By Third Party	300.78	344,508.88	G2013 \$50,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 21,312.80

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 21,312.80

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 21,312.80

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

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

SCHEDULE E

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THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Baldo San Francisco, CA 94117			Reimbursed Expenses	47.26
Wells Fargo Bank, N..A. San Francisco, CA 94118	OFC			15.00
Jesse Brooks Oakland, CA 94621	CNS			1,500.00

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

SUBTOTAL \$ 1,562.26

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	159,952.73
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 \$	159,952.73

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

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NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AIDS Healthcare Foundation Los Angeles, CA 90028			Reimbursed Expenses	147.76
Eye Catching Media, Inc. Auburn, WA 98092	PRT			3,000.00
FDR Democratic Club of San Francisco ID# 1351724 San Francisco, CA 94118	LIT			1,300.00
Roxanne Hanna-Ware San Francisco, CA 94117	CNS			459.00
Mailrite Print & Mail, Inc. Sacramento, CA 95834	CMP			574.20

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

SUBTOTAL \$ 5,480.96

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

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THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mailrite Print & Mail, Inc. Sacramento, CA 95834	LIT		See Schedule G	9,874.27
Mailrite Print & Mail, Inc. Sacramento, CA 95834	LIT		See Schedule G	11,988.59
Mailrite Print & Mail, Inc. Sacramento, CA 95834	LIT		See Schedule G	13,154.37
Richmond District Democratic Club ID# 882390 San Francisco, CA 94118	PRT			150.00
John Baldo San Francisco, CA 94117			Reimbursed Expenses	222.59

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

SUBTOTAL \$ 35,389.82

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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SCHEDULE E (CONT.)

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THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Roxanne Hanna-Ware San Francisco, CA 94117	CNS			195.50
Marcus Oliphant Oakland, CA 94621	CNS			433.50
John Baldo San Francisco, CA 94117	CNS			3,000.00
John Baldo San Francisco, CA 94117	OFC			15.00
Jesse Brooks Oakland, CA 94621	CNS			1,500.00

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

SUBTOTAL \$ 5,144.00

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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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
Wells Fargo Bank, N..A. San Francisco, CA 94118	OFC			30.00
Roxanne Hanna-Ware San Francisco, CA 94117	CNS			510.00
Marcus Oliphant Oakland, CA 94621	CNS			765.00
Wells Fargo Bank, N..A. San Francisco, CA 94118	OFC			15.00
Mailrite Print & Mail, Inc. Sacramento, CA 95834	PRT			2,087.00

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

SUBTOTAL \$ 3,407.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
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SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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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
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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
SCN Strategies San Francisco, CA 94104	LIT		See Schedule G.	55,447.51
Roxanne Hanna-Ware San Francisco, CA 94117	CNS			323.00
Marcus Oliphant Oakland, CA 94621	CNS			238.00
Mailrite Print & Mail, Inc. Sacramento, CA 95834	CMP			2,321.00
Chad Renard San Francisco, CA 94122	PRT			270.00

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

SUBTOTAL \$ 58,599.51

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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		I.D. NUMBER 1353742

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Baldo San Francisco, CA 94117	CNS			6,000.00
John Baldo San Francisco, CA 94117	OFC			15.00
SCN Strategies San Francisco, CA 94104	CNS			10,000.00
SCN Strategies San Francisco, CA 94104			Reimbursed Expenses	59.45
Wells Fargo Bank, N..A. San Francisco, CA 94118	OFC			30.00

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

SUBTOTAL \$ 16,104.45

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from 10/20/2013 through 12/31/2013	CALIFORNIA FORM 460
Page 13 of 22	I.D. NUMBER 1353742

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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
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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
Mandate Media Portland, OR 97232	WEB			66.52
Mandate Media Portland, OR 97232	WEB			53.36
SCN Strategies San Francisco, CA 94104	CNS			5,000.00
Wells Fargo Bank, N..A. San Francisco, CA 94118	OFC			15.00
John Baldo San Francisco, CA 94117			Reimbursed Expenses	115.51

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

SUBTOTAL \$ 5,250.39

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	12/31/2013	Page 14 of 22
NAME OF FILER		I.D. NUMBER
THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION		1353742

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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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
SCN Strategies San Francisco, CA 94104	CNS			10,000.00
SCN Strategies San Francisco, CA 94104	WEB			10,400.00
The Sutton Law Firm San Francisco, CA 94108	PRO			2,500.00
The Sutton Law Firm San Francisco, CA 94108	PRO			3,007.76
The Sutton Law Firm San Francisco, CA 94108	PRO			3,094.58

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

SUBTOTAL \$ 29,002.34

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/20/2013	
through	12/31/2013	Page 15 of 22
NAME OF FILER		I.D. NUMBER
THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION		1353742

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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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
Wells Fargo Bank, N..A. San Francisco, CA 94118	OFC			12.00

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

SUBTOTAL \$ 12.00

Schedule F

Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from 10/20/2013 through 12/31/2013		CALIFORNIA FORM 460
Page 16 of 22		
NAME OF FILER THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION		I.D. NUMBER 1353742

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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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 Los Angeles, CA 90017	PRO	3,148.00	0.00	0.00	3,148.00
Kaufman Legal Group Los Angeles, CA 90017	OFC	390.96	0.00	0.00	390.96
Kaufman Legal Group Los Angeles, CA 90017	PRO	8,845.94	0.00	0.00	8,845.94

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

SUBTOTALS \$ 12,384.90\$ 0.00\$ 0.00\$ 12,384.90

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 1,481.36
- 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 \$** 60,844.21
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -59,362.85
May be a negative number

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

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/20/2013	through 12/31/2013	
Page 17 of 22		I.D. NUMBER 1353742

NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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

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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 Los Angeles, CA 90017	OFC	124.09	0.00	0.00	124.09
Jesse Brooks Oakland, CA 94621	CNS	1,500.00	0.00	1,500.00	0.00
SCN Strategies San Francisco, CA 94104	CNS	10,000.00	0.00	10,000.00	0.00
AIDS Healthcare Foundation Los Angeles, CA 90028	Reimbursed Expenses	300.78	-300.78	0.00	0.00
SUBTOTALS \$		11,924.87\$	-300.78\$	11,500.00 \$	124.09

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

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/20/2013	through 12/31/2013	
Page 18 of 22		I.D. NUMBER 1353742

NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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

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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
Mailrite Print & Mail, Inc. Sacramento, CA 95834	LIT See Schedule G	9,874.27	0.00	9,874.27	0.00
Mailrite Print & Mail, Inc. Sacramento, CA 95834	LIT See Schedule G	13,154.37	0.00	13,154.37	0.00
Mailrite Print & Mail, Inc. Sacramento, CA 95834	CMP	574.20	0.00	574.20	0.00
Mailrite Print & Mail, Inc. Sacramento, CA 95834	LIT See Schedule G	11,988.59	0.00	11,988.59	0.00
SUBTOTALS \$		35,591.43 \$	0.00 \$	35,591.43 \$	0.00

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

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/20/2013	through 12/31/2013	
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NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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SCN Strategies San Francisco, CA 94104	WEB	10,400.00	0.00	10,400.00	0.00
Richmond District Democratic Club (ID# 882390) San Francisco, CA 94118	PRT	150.00	0.00	150.00	0.00
AIDS Healthcare Foundation Los Angeles, CA 90028	Reimbursed Expenses	147.76	0.00	147.76	0.00
The Sutton Law Firm San Francisco, CA 94108	PRO	3,007.76	0.00	3,007.76	0.00
SUBTOTALS \$		13,705.52\$	0.00\$	13,705.52\$	0.00

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

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/20/2013	through 12/31/2013	
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NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

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

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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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
The Sutton Law Firm San Francisco, CA 94108	PRO	0.00	1,231.63	0.00	1,231.63
The Sutton Law Firm San Francisco, CA 94108	PRO	0.00	550.51	0.00	550.51
SUBTOTALS \$		0.00 \$	1,782.14 \$	0.00 \$	1,782.14

Schedule G

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

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

SCHEDULE G

CALIFORNIA
FORM **460**

Statement covers period
from 10/20/2013
through 12/31/2013

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

I.D. NUMBER

1353742

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Mailrite Print & Mail, Inc.

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Sacramento, CA 95834	POS			24,768.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 24,768.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule G

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

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

SCHEDULE G

CALIFORNIA
FORM **460**

Statement covers period
from 10/20/2013
through 12/31/2013

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

THE COMMITTEE ON FAIR DRUG PRICING -FAIR/SF - YES ON D, MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION

1353742

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SCN Strategies

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mailrite Print & Mail, Inc. Sacramento, CA 95834	LIT		See Schedule G	45,497.69
Loren Purcell OAKLAND, CA 94607	LIT			2,107.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 47,604.69

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)