

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM **460**Page 1 of 8

For Official Use Only

Date Stamp

Statement covers period

from 5/24/24through 6/30/24Date of election if applicable:
(Month, Day, Year)11/5/2024

SEE INSTRUCTIONS ON REVERSE

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 CommitteePrimarily 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**3. Committee Information**

I.D. NUMBER

1469737

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

UNITED FOR PROGRESS AND NO ON COUNCIL MEMBER HELLMAN
RECALL

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

FAIRFAX CA 94930 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

TED HELLMAN

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

FAIRFAX CA 94930 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING 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 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 7/31/24
DateBy [REDACTED]
Signature of Treasurer or Assistant TreasurerExecuted on 7/31/24
DateBy [REDACTED]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of SponsorExecuted on _____
DateBy _____
Signature of Controlling Officeholder, Candidate, State Measure ProponentExecuted on _____
DateBy _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

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

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

TBD

| | | |
|-----------------------------|-------------------------|---|
| BALLOT NO. OR LETTER N/A | JURISDICTION FAIRFAX | SUPPORT <input checked="" type="checkbox"/> OPPOSE |
|-----------------------------|-------------------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

STEPHANIE HELLMAN

| | |
|--|---------------------|
| OFFICE SOUGHT OR HELD TOWN COUNCIL MEMBER | 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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITED FOR PROGRESS AND NO ON COUNCIL MEMBER HELLMAN RECALL

| | |
|--|----------------------------|
| Statement covers period from 5/24/24 through 6/30/24 | CALIFORNIA FORM 460 |
| Page 3 of | I.D. NUMBER 1469737 |

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 13150 | \$ |
| 2. Loans Received..... Schedule B, Line 3 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 13150 | \$ |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 13150 | \$ |

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 | \$ 3677 | \$ |
| 7. Loans Made..... Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 3677 | \$ |
| 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 | \$ 3677 | \$ |

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

| | |
|--|---------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 0 |
| 13. Cash Receipts..... Column A, Line 3 above | 13150 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | |
| 15. Cash Payments..... Column A, Line 8 above | 3677 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 9473 |

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

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

| | |
|--|----|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ |
|--|----|

Cash Equivalents and Outstanding Debts

| | |
|--|----|
| 18. Cash Equivalents..... See instructions on reverse | \$ |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ |

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

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>5/24/24</u> through <u>6/30/24</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITED FOR PROGRESS AND NO ON COUNCIL MEMBER HELLMAN RECALL

I.D. NUMBER

1469737

| 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) |
|-----------------------|---|-----------------------------------|---|-----------------------------|---|---------------------------------------|
| June 26 | Firefighters Union UAF 1775 | IND ✓ COM OTH PTY SCC | | 5,000.00 | | |
| June 17 | Huffman for Congress | IND ✓ COM OTH PTY SCC | | 500.00 | | |
| June 6 | North Bay Labor Council AFL-CIO COPE | IND COM ✓ OTH PTY SCC | | 5,500.00 | | |
| June 26 | Serene Buckley [REDACTED] San Anselmo, CA 94960 | ✓ IND COM OTH PTY SCC | Communications executive Brightseed | 150.00 | | |
| June 27 | Jed Smith [REDACTED] San Francisco, CA 94133 | ✓ IND COM OTH PTY SCC | Investor Catamount Ventures | 100.00 | | |
| SUBTOTAL \$ 11,125.00 | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 12950
- Amount received this period – unitemized monetary contributions of less than \$100\$ 200
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 13,150

*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)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>5/24/</u> | | CALIFORNIA FORM 460 |
| through <u>6/30/24</u> | | |
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NAME OF FILER

UNITED FOR PROGRESS AND NO ON COUNCIL MEMBER HELLMAN RECALL

| 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) |
|---------------------------|---|-----------------------------------|--|-----------------------------|--|---------------------------------------|
| June 23 | Lisa Canin [REDACTED] San Anselmo, CA 94960 | ✓ IND COM OTH PTY SCC | unemployed | 100.00 | | |
| June 22 | Jody Timms [REDACTED] Fairfax, CA 94930 | ✓ IND COM OTH PTY SCC | Social Worker The Redwoods | 100.00 | | |
| June 24 | Ruth Ann Binder [REDACTED] Fairfax, CA 94930 | ✓ IND COM OTH PTY SCC | consultant self | 100.00 | | |
| June 21 | Huda Al-Jamal [REDACTED] Fairfax, CA 94930 | ✓ IND COM OTH PTY SCC | self /retailer | 100.00 | | |
| June 21 | Deb Taube [REDACTED] SF, CA 94123 | ✓ IND COM OTH PTY SCC | Psychotherapist | 100.00 | | |
| SUBTOTAL \$ 500.00 | | | | | | |

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|----------------------------|
| Statement covers period from _____ through _____ | CALIFORNIA FORM 460 |
| | Page _____ of _____ |
| NAME OF FILER _____ | |
| I.D. NUMBER _____ | |

| 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) |
|---------------|---|---------------------------------|---|-----------------------------|--|---------------------------------------|
| | | IND COM OTH PTY SCC | | | | |
| | | IND COM OTH PTY SCC | | | | |
| | | IND COM OTH PTY SCC | | | | |
| | | IND COM OTH PTY SCC | | | | |
| | | IND COM OTH PTY SCC | | | | |
| SUBTOTAL \$ | | | | | | |

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

Amounts may be rounded
to whole dollars.

| | |
|--|---|
| Statement covers period from <u>5/24/24</u> through <u>6/30/24</u> | SCHEDULE D CALIFORNIA FORM 460 Page <u>7</u> of <u>8</u> I.D. NUMBER 1469737 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITED FOR PROGRESS AND NO ON COUNCIL MEMBER HELLMAN RECALL

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------|---|---|--|-----------------------|---|--|
| 6/21/24 | TBD - Amending Rent Stabilization and Just Cause Evictions | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Donation to Save Fairfax Rent Control (FPPC 1468620) | 3000 | | |
| | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ 3000 | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 3000
- Unitemized contributions and independent expenditures made this period of under \$100..... \$
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL.. \$ 3000

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|----------------------------|
| Statement covers period from 5/24/24 through 6/30/24 | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITED FOR PROGRESS AND NO ON COUNCIL MEMBER HELLMAN RECALL

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 |
|---|---------|---------------------------------------|-------------|
| DCCC [REDACTED] Washington, DC 20003 | CTB | DCCC Marin County June 2022 Reception | 500 |
| Save Fairfax Rent Control (FPPC 1468620) Fairfax, CA 94930 | CTB | | 3000 |
| | | | |

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

SUBTOTAL \$ 500

Schedule E Summary

| | |
|--|----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 3500 |
| 2. Unitemized payments made this period of under \$100 | \$ 176.56 |
| 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.) | TOTAL \$ 3677 |