

Slate Mailer Organization Campaign Statement

(Government Code Sections 84218-84219)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 1992 FORM 401
	1/16
	FOR OFFICIAL USE ONLY

SEE INSTRUCTIONS ON REVERSE

Statement Covers Period

from 10/23/2016
through 12/31/2016

I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION: AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE	ID NUMBER 594003
--	----------------------------

ADDRESS _____ NO AND STREET _____

CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____

SAN FRANCISCO CA 94110

NAME OF TREASURER: _____

Mitchell Omerberg

ADDRESS _____ NO AND STREET _____

CITY _____ STATE _____ ZIP CODE _____ DAYTIME PHONE NUMBER _____

SAN FRANCISCO CA 94110

II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

Committee Report
Attached

ID Number if
Recipient Committee

III Summary of Payments

	(A) Total This Period	(B) Cumulative to Date (Since January 1 of calendar year covered)
1 TOTAL PAYMENTS RECEIVED	\$ <u>147300.00</u> <small>Sch. A, Line 3</small>	\$ <u>507900.00</u>
2 TOTAL PAYMENTS MADE	\$ <u>243988.47</u> <small>Sch. B, Line 3</small>	\$ <u>479550.44</u>

IV Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 01/31/2017 At San Francisco By Mitchell Omerberg CA
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Mitchell Omerberg CA Title: Officer (Reponsible)
TYPE OR PRINT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE

INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	2/16
I.D NUMBER 594003	

SEE INSTRUCTIONS ON REVERSE
NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

(1) DATE RECEIVED	(2) IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(3)		(4) AMOUNT RECEIVED THIS PERIOD	(5) CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		(a) NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	(b) CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT OPPOSE		
10/24/2016 	Great Schools for All Oakland CA 94618 Reference No:	San Francisco A	X	500.00	500.00
10/24/2016 	Matt Haney for School Board 2016 San Francisco CA 94104 Reference No:	Matt Haney Other -- School Board San Francisco	X	750.00	750.00
10/24/2016 	Alex Randolph for Community College Board 2016 San Francisco CA 94104 Reference No:	Alex Randolph Other -- Community College Board San Francisco	X	750.00	750.00

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More (Include all Schedule A subtotals) \$ 147300.00
- Amount Received - Payments of Less than \$100 (Not itemized) \$ 0.00
- Total Payments Received (Line 1 + Line 2) Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 \$ 147300.00

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	3/16

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

I.D NUMBER

594003

(1) DATE RECEIVED	(2) IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(3)		(4) AMOUNT RECEIVED THIS PERIOD	(5) CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE	
		(a) NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	(b) CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER			
			SUPPORT			OPPOSE
10/24/2016 	Shanell Williams Community College Board 2016 San Francisco CA 94109 Reference No:	Shanell Williams Other -- Community College Board San Francisco	X		250.00 250.00	
10/31/2016 	Nick Podell San Francisco CA 94111 Reference No:	San Francisco C	X		5000.00 5000.00	
11/01/2016 	Stanley Landfair San Francisco CA 94105 Reference No:	San Francisco C	X		1000.00 1000.00	

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More (Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100 (Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	4/16
I.D NUMBER 594003	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

(1) DATE RECEIVED	(2) IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(3)		(4) AMOUNT RECEIVED THIS PERIOD	(5) CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE	
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			SUPPORT			OPPOSE
11/02/2016 	Shanell Williams Community College Board 2016 San Francisco CA 94109 Reference No:	Shanell Williams Other -- Community College Board San Francisco	X		250.00 500.00	
11/03/2016 	Sandra Fewer for Supervisor San Francisco CA 94121 Reference No:	Sandra Fewer Other -- Supervisor San Francisco	X		250.00 250.00	
11/03/2016 	Kimberly Alvarenga for Supervisor 2016 San Francisco CA 94117 Reference No:	Kimberly Alvarenga Other -- Supervisor San Francisco	X		150.00 150.00	

SUBTOTAL

\$

Summary

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- Total Payments Received (Line 1 + Line 2) Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	5/16

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

I.D NUMBER

594003

(1) DATE RECEIVED	(2) IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(3)		(4) AMOUNT RECEIVED THIS PERIOD	(5) CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE	
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			SUPPORT			OPPOSE
11/03/2016 	Hillary Ronen for Supervisor 2016 Oakland CA 94618 Reference No:	Hillary Ronen Other -- Supervisor San Francisco	X		250.00 250.00	
11/04/2016 	San Francisco Fire Fighters Political Action Committee San Francisco CA 94103 Reference No:	San Francisco C	X		6666.66 6666.66	
11/04/2016 	San Francisco Fire Fighters Political Action Committee San Francisco CA 94103 Reference No:	San Francisco B	X		6666.67 6666.67	

SUBTOTAL

\$

Summary

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- Total Payments Received (Line 1 + Line 2) Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	6/16
I.D NUMBER 594003	

SEE INSTRUCTIONS ON REVERSE
NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

(1) DATE RECEIVED	(2) IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(3)		(4) AMOUNT RECEIVED THIS PERIOD	(5) CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE	
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			SUPPORT			OPPOSE
11/04/2016 	San Francisco Fire Fighters Political Action Committee San Francisco CA 94103 Reference No:	San Francisco A	X		6666.67 6666.67	
11/07/2016 	Enough is Enough: Don't Tax Our Groceries San Rafael CA 94901 Reference No:	San Francisco V		X	100000.00 280000.00	
11/08/2016 	Shanell Williams Community College Board 2016 San Francisco CA 94109 Reference No:	Shanell Williams Other -- Community College Board San Francisco	X		250.00 750.00	

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More (Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100 (Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	7/16
I.D NUMBER 594003	

SEE INSTRUCTIONS ON REVERSE
NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

(1) DATE RECEIVED	(2) IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(3)		(4) AMOUNT RECEIVED THIS PERIOD	(5) CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE	
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			SUPPORT			OPPOSE
11/15/2016 	Aaron Peskin for Supervisor 2016 Oakland CA 94618 Reference No:	Aaron Peskin Other -- Supervisor San Francisco	X		250.00 250.00	
11/18/2016 	Yes on L San Francisco CA 94104 Reference No:	San Francisco L	X		7500.00 7500.00	
11/21/2016 	Dean Preston for Supervisor 2016 San Francisco CA 94110 Reference No:	Dean Preston Other -- Supervisor San Francisco	X		250.00 250.00	

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	8/16

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

I.D NUMBER

594003

(1) DATE RECEIVED	(2) IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(3)		(4) AMOUNT RECEIVED THIS PERIOD	(5) CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE	
		(a) NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	(b) CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER			
			SUPPORT			OPPOSE
10/24/2016 	Coalition to Save Affordable Housing Oakland CA 94618 Reference No:	San Francisco C	X		1500.00 6500.00	
10/31/2016 	Unite Here Local 2 Issue PAC San Francisco CA 94102 Reference No:	San Francisco C	X		5000.00 5000.00	
10/26/2016 	Mark Sanchez For School Board 2016 San Francisco CA 94110 Reference No:	Mark Sanchez Other -- School Board San Francisco	X		750.00 750.00	

SUBTOTAL

\$

Summary

1. Amount Received - Payments of \$100 or More (Include all Schedule A subtotals) \$ _____
2. Amount Received - Payments of Less than \$100 (Not itemized) \$ _____
3. Total Payments Received (Line 1 + Line 2) Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	9/16
I.D NUMBER 594003	

SEE INSTRUCTIONS ON REVERSE
NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

(1) DATE RECEIVED	(2) IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(3)		(4) AMOUNT RECEIVED THIS PERIOD	(5) CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE	
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			SUPPORT			OPPOSE
11/07/2016 	California Nurses Association Political Action Committee Small Contributor Committee Sacramento CA 95814 Reference No:	San Francisco C	X		1000.00 1000.00	
11/07/2016 	Norman Yee for Supervisor 2016 San Francisco CA 94104 Reference No:	Norman Yee Other -- Supervisor San Francisco	X		150.00 150.00	
10/24/2016 	Bevan Dufty for BART Board 2016 San Francisco CA 94102 Reference No:	Bevan Dufty Other -- BART Board District 9 Bay Area	X		1500.00 1500.00	

SUBTOTAL \$ 147300.00

Summary

- Amount Received - Payments of \$100 or More (Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100 (Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

**Schedule B
Payments Made**

SCHEDULE B

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	10/16
	I.D NUMBER 594003

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stearns Consulting LLC San Francisco CA 94110 Reference No:	Payment for November 2016 Slatemailer	243988.47

Summary	SUBTOTAL	\$ 243988.47
1. Payments of \$100 or More (Include all Schedule B subtotals)	\$ 243988.47	
2. Payments under \$100 This Period (Not itemized)	\$ 0.00	
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1.	\$ 243988.47	

**Schedule B-1
Payments Made By An Agent or
Independent Contractor on Behalf of
A Slate Mailer Organization**

SCHEDULE B-1

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA 1992 FORM 401
	11/16

NAME OF SLATE MAILER ORGANIZATION: AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE	I.D. NUMBER 594003
--	-----------------------

NAME OF AGENT OR INDEPENDENT CONTRACTOR:
Stearns Consulting LLC

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Standard Print Sacramento CA 95818 Reference No:	Printing	30333.00
River City Printing Rancho Cordova CA 95742 Reference No:	Printing	6789.31
Zebra Graphics San Francisco CA 94103 Reference No:	Prepress	5100.00
Pacific Standard Print Sacramento CA 95818 Reference No:	Delivery	1600.00
Spotlight Printing San Francisco CA 94107 Reference No:	Delivery	1200.00
River City Printing Rancho Cordova CA 95742 Reference No:	Delivery	800.00
TOTAL*		

* Do not transfer to any other schedule or to the Summary. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule B by the Slate Mailer Organization.

**Schedule B-1
Payments Made By An Agent or
Independent Contractor on Behalf of
A Slate Mailer Organization**

SCHEDULE B-1

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA 1992 FORM 401
	12/16

NAME OF SLATE MAILER ORGANIZATION: AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE	I.D. NUMBER 594003
--	-----------------------

NAME OF AGENT OR INDEPENDENT CONTRACTOR: Stearns Consulting LLC
--

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Standard Print Sacramento CA 95818 Reference No:	Mailhouse	5700.00
Precise Mailing South San Francisco CA 94080 Reference No:	Mailhouse	4737.73
Admail West Sacramento CA 95811 Reference No:	Mailhouse	3740.00
U.S. Post Office San Francisco CA 94188 Reference No:	Postage	77307.35
SF VAN San Francisco CA 94107 Reference No:	Data	15486.76
Reference No:		
TOTAL*		152794.15

* Do not transfer to any other schedule or to the Summary. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule B by the Slate Mailer Organization.

**Schedule B-1
 Payments Made By An Agent or
 Independent Contractor on Behalf of
 A Slate Mailer Organization**

SCHEDULE B-1

Statement covers period from 10/23/2016	CALIFORNIA 1992 FORM 401
through 12/31/2016	

13/16
I.D. NUMBER 594003

NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

Stearns Consulting

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spotlight Printing San Francisco CA 94107 Reference No:	Printing	11580.00
Reference No:		
Reference No:		
Reference No:		
Reference No:		
Reference No:		
TOTAL*		11580.00

* Do not transfer to any other schedule or to the Summary. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule B by the Slate Mailer Organization.

**Schedule D
Candidates and Measures
Not Listed on Schedule A**

SCHEDULE D

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	14/16
I.D. NUMBER 594003	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

You must identify each candidate and measure supported or opposed in a slate mailer sent by you during the period for which you did not receive a payment of \$100 or more (either from the candidate or ballot measure committee or from any other person).

NAME OF CANDIDATE OR MEASURE	CHECK ONE		JURISDICTION AND OFFICE SOUGHT BY CANDIDATE; OR JURISDICTION AND BALLOT MEASURE LETTER OR NUMBER
	SUPPORT	OPPOSE	
David Chiu	X		State Assembly Person Assembly District No: 17
Phil Ting	X		State Assembly Person Assembly District No: 19
Lateefah Simon	X		Other -- BART Board Other -- District 7 Bay Area No:
	X		School Bonds California No: 51
	X		Medi-Cal Hospital Fee Program California No: 52
		X	Revenue Bonds California No: 53
		X	Legislature California No: 54
	X		Tax Extension to Fund Education and Healthcare California No: 55
	X		Cigarette Tax California No: 56
	X		Criminal Sentences California No: 57
	X		English Proficiency California No: 58
	X		Corporatons California No: 59
		X	Adult Films California No: 60
	X		State Prescription Drug Purchases California No: 61
	X		Death Penalty California No: 62
	X		Firearms California No: 63

**Schedule D
Candidates and Measures
Not Listed on Schedule A**

SCHEDULE D

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA 1992 FORM 401
	15/16

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

I.D. NUMBER

594003

You must identify each candidate and measure supported or opposed in a slate mailer sent by you during the period for which you did not receive a payment of \$100 or more (either from the candidate or ballot measure committee or from any other person).

NAME OF CANDIDATE OR MEASURE	CHECK ONE		JURISDICTION AND OFFICE SOUGHT BY CANDIDATE; OR JURISDICTION AND BALLOT MEASURE LETTER OR NUMBER
	SUPPORT	OPPOSE	
	X		Marijuana Legalization California No: 64
		X	Carryout Bags California No: 65
		X	Death Penalty California No: 66
	X		Ban on Single-Use Plastic Bags California No: 67
	X		Vacancy Appointments San Francisco No: D
	X		Responsibility for Maintaining Street Trees and Surrounding Sidewalks San Francisco No: E
	X		Police Oversight San Francisco No: G
	X		Funding for Seniors and Adults with Disabilities San Francisco No: I
	X		Funding for Homelessness and Transportation San Francisco No: J
	X		General Sales Tax San Francisco No: K
	X		Non-Citizen Voting in School Board Elections San Francisco No: N
		X	Prohibiting Tents on Public Sidewalks San Francisco No: Q
		X	Neighborhood Crime Unit San Francisco No: R
	X		Restricting Gifts and Campaign Contributions from Lobbyists San Francisco No: T
			BART Safety RR No: Reliability and Traffic Relief
Marjan Philhour		X	Other -- Supervisor County -- San Francisco No:

**Schedule D
Candidates and Measures
Not Listed on Schedule A**

SCHEDULE D

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA
1992 FORM **401**
16/16

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

AFFORDABLE HOUSING ALLIANCE POLITICAL ACTION COMMITTEE

I.D. NUMBER

594003

You must identify each candidate and measure supported or opposed in a slate mailer sent by you during the period for which you did not receive a payment of \$100 or more (either from the candidate or ballot measure committee or from any other person).

NAME OF CANDIDATE OR MEASURE	CHECK ONE		JURISDICTION AND OFFICE SOUGHT BY CANDIDATE; OR JURISDICTION AND BALLOT MEASURE LETTER OR NUMBER
	SUPPORT	OPPOSE	
Joshua Arce		X	Other -- Supervisor County -- San Francisco No: