**Recipient Committee**  
**Campaign Statement**  
**Cover Page**  
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/2018</td>
<td>(Month, Day, Year) 06/05/2018</td>
</tr>
<tr>
<td>through 04/21/2018</td>
<td></td>
</tr>
</tbody>
</table>

1. **Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
   - [X] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsoring (Also Complete Part 6)
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee
   - [ ] Political Party/Central Committee

2. **Type of Statement:**
   - [X] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. **Committee Information**
   - **I.D. NUMBER:** 1404245
   - **COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):**
     County Supervisors Association of California dba California State Association of Counties (Nonprofit 501(c)(4)) - Yes on Prop. 69
   - **STREET ADDRESS (NO P.O. BOX):** 1100 K Street, Suite 101
   - **CITY:** Sacramento
   - **STATE:** CA
   - **ZIP CODE:** 95814
   - **AREA CODE/PHONE:** (916)327-7500
   - **MAILING ADDRESS:** 1100 K Street, Suite 101
   - **CITY:** Sacramento
   - **STATE:** CA
   - **ZIP CODE:** 95814
   - **AREA CODE/PHONE:** (916)327-7500

4. **Treasurer(s)**
   - **NAME OF TREASURER:** Matt Cate
   - **MAILING ADDRESS:** 1100 K Street, Suite 101
   - **CITY:** Sacramento
   - **STATE:** CA
   - **ZIP CODE:** 95814
   - **AREA CODE/PHONE:** (916)327-7500
   - **NAME OF ASSISTANT TREASURER, IF ANY:** Shawnda Deane
   - **MAILING ADDRESS:** 1787 Tribute Road, Suite K
   - **CITY:** Sacramento
   - **STATE:** CA
   - **ZIP CODE:** 95815
   - **AREA CODE/PHONE:** (916)285-5733

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:** 04/25/2018  
   **Date:**
   **By:** Signature of Treasurer or Assistant Treasurer

   **Executed on:**  
   **Date:**
   **By:** Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   **Executed on:**  
   **Date:**
   **By:** Signature of Controlling Officeholder, Candidate, State Measure Proponent

   **Executed on:**  
   **Date:**
   **By:** Signature of Controlling Officeholder, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td>JURISDICTION</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>69</td>
<td>Statewide</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
<td>DISTRICT NO. IF ANY</td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2018
through 04/21/2018

SUMMARY PAGE
CALIFORNIA FORM 460
Page 3 of 6

NAME OF FILER
County Supervisors Association of California dba California State Association of Counties (Nonprofit 501(c)(4)) - Yes on Prop. 69
I.D. NUMBER 1404245

Contributions Received

1. Monetary Contributions
   Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received
   Schedule B, Line 3 $ 0.00 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS
   Add Lines 1 + 2 $ 0.00 $ 0.00
4. Nonmonetary Contributions
   Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED
   Add Lines 3 + 4 $ 0.00 $ 0.00

Expenditures Made

6. Payments Made
   Schedule E, Line 4 $ 250,000.00 $ 250,000.00
7. Loans Made
   Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS
   Add Lines 6 + 7 $ 250,000.00 $ 250,000.00
9. Accrued Expenses (Unpaid Bills)
   Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment
    Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE
    Add Lines 8 + 9 + 10 $ 250,000.00 $ 250,000.00

Expenditure Limit Summary for State Candidates

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

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / / /</td>
<td>$</td>
</tr>
<tr>
<td>/ / / /</td>
<td>$</td>
</tr>
</tbody>
</table>

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

Current Cash Statement

12. Beginning Cash Balance
    Previous Summary Page, Line 16 $ 0.00 $ 0.00
13. Cash Receipts
    Column A, Line 3 above $ 0.00 $ 0.00
14. Miscellaneous Increases to Cash
    Schedule I, Line 4 $ 250,000.00 $ 250,000.00
15. Cash Payments
    Column A, Line 8 above $ 250,000.00 $ 250,000.00
16. ENDING CASH BALANCE
    Add Lines 12 + 13 + 14, then subtract Line 16 $ 0.00 $ 0.00

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 $ 0.00 $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    See instructions on reverse $ 0.00 $ 0.00
19. Outstanding Debts
    Add Line 2 + Line 9 in Column B above $ 0.00 $ 0.00

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

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.)

   \[ \text{Subtotal: } \$250,000.00 \]

2. Unitemized contributions and independent expenditures made this period of under $100

   \[ \text{Subtotal: } \$0.00 \]

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

   \[ \text{Total: } \$250,000.00 \]
### Schedule E Payments Made

**NAME OF FILER**

County Supervisors Association of California dba California State Association of Counties (Nonprofit 501(c)(4)) - Yes on Prop. 69

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

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

**NAME AND ADDRESS OF PAYEE**

Coalition to Protect Local Transportation Improvements, Yes on Prop. 69  
(ID# 1400937)  
1787 Tribute Road, Suite K  
Sacramento, CA 95815  
Contribution made using nonpublic, nondonor funds (earned income from sale of goods and services)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTB</td>
<td></td>
<td>250,000.00</td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 250,000.00
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 $ 250,000.00

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SCHEDULE E

Statement covers period from 01/01/2018 through 04/21/2018

CALIFORNIA FORM 460

Page 5 of 6

ID. NUMBER 1404245
### Schedule I

**Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

**Statement covers period**

**from** 01/01/2018  
**through** 04/21/2018

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**NAME OF FILER**

County Supervisors Association of California dba California State Association of Counties (Nonprofit 501(c)(4)) - Yes on Prop, 69

**I.D. NUMBER**

1404245

---

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
</table>
| 03/26/2018    | County Supervisors Association of California dba California State Association of Counties  
1100 K Street, Suite 101  
Sacramento, CA 95814 | Nonpublic, nondonor funds (earned income from sale of goods and services) | 250,000.00 |

---

*Attach additional information on appropriately labeled continuation sheets.*

**SUBTOTAL $**

250,000.00

---

**Schedule I Summary**

1. Itemized increases to cash this period. ................................................................. $ 250,000.00
2. Unitemized increases to cash of under $100 this period. .................................... $ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ................................ $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ................................................................................................................................. **TOTAL $** 250,000.00

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