

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER COMMITTEE FOR HOME OWNERSHIP, SPONSORED BY NORTH STATE BUILDING INDUSTRY ASSOC.		Date of This Filing <u>10/07/2024</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only Filed Date: 10/07/2024 05:56 PM
AREA CODE/PHONE NUMBER (916)847-4783	I.D. NUMBER (if applicable) 782240	Report No. <u>24100701</u>		
STREET ADDRESS <div style="background-color: black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY ROSEVILLE	STATE CA	ZIP CODE 95661	No. of Page <u>3</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED JUSTIN RAITHEL				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member City FOLSOM	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/7/2024	MASS MAIL	9,835.00

Reason for Amendment: _____

**496 Independent Expenditure Report Part1
(Continuation Sheet)**

NOTES

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FORM 496**

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NAME OF FILER

COMMITTEE FOR HOME OWNERSHIP, SPONSORED BY NORTH STATE BUILDING INDUSTRY ASSOC.

I.D. NUMBER

782240

10/7/2024 - 9835.00 - Cumulative to date total \$9835.00

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CALIFORNIA FORM 496

NAME OF FILER

COMMITTEE FOR HOME OWNERSHIP, SPONSORED BY NORTH STATE BUILDING INDUSTRY ASSOC.

I.D. NUMBER (If applicable)

782240

3. Contributions of \$100 or More Received*

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	INTEREST RATE
09/26/2024	CRESLEIGH HOMES CORP. AND AFFILIATED ENTITIES [REDACTED] San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		7,500.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****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