

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp  
2024 OCT 23 AM 8:17  
PROPOSITION B UNIT  
OCT 22 2024 EJM

**CALIFORNIA FORM 497**  
For Official Use Only

**NAME OF FILER**  
Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

**AREA CODE/PHONE NUMBER**  
(202) 552-0221

**I.D. NUMBER (if applicable)**  
1474811

**STREET ADDRESS**

**CITY**  
Washington

**STATE**  
DC

**ZIP CODE**  
20003

**Date of This Filing** 10/22/2024

**Report No.** 1022-1

**Amendment to Report No.**  
(explain below)

**No. of Pages** 1

**1. Contributions 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
10/21/2024	Lisa Grace-Kellogg Agoura Hills, CA 91301-3407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney American Print Media	\$5,000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*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