

**Recipient Committee
Campaign Statement
Cover Page**

JAN 31 2025 PM

COVER PAGE

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PROPOSITION B UNIT

CALIFORNIA 460
2001/02
FORM

Page 1 of 31
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Statement covers period
from 10/20/2024
through 12/31/2024

Date of election if applicable:
(Month, Day, Year)

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 Committee
- Primarily 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
1474811

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Washington	DC	20003	(202) 552-0221

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Steven Mele

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Washington	DC	20003	(202) 552-0221

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 that the foregoing is true and correct.

Executed on	DATE	By	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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(866/275-3772)
www.fppc.ca.gov

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

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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

Yes on G

BALLOT NO. OR LETTER G	JURISDICTION Los Angeles County	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 3 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

I.D. NUMBER

1474811

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$415,899.00	\$1,555,339.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$415,899.00	\$1,555,339.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$1,571.53	\$3,091.87
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3+4	\$417,470.53	\$1,558,430.87

**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

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$500,383.36	\$1,472,660.09
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6+7	\$500,383.36	\$1,472,660.09
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$1,571.53	\$3,091.87
11. TOTAL EXPENDITURES MADE..... Add Lines 8+9+10	\$501,954.89	\$1,475,751.96

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made *	
(If Subject to Voluntary Expenditure Limit)	
Date of Election	Total to Date
(mm/dd/yyyy)	
_____	_____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$172,163.27
13. Cash Receipts..... Column A, Line 3 above	\$415,899.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$500,383.36
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$87,678.91

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

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

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).

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

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 10/20/2024 through 12/31/2024	
Page 4 of 31	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

I.D. NUMBER
1474811

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)
10/26/2024	Al Ballesteros Glendale, CA 91206-2627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO JWCH Institute	\$2,500.00	\$2,500.00	
10/28/2024	M. A. Beck Pacific Palisades, CA 90272-3603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cinematographer Entity FX	\$200.00	\$200.00	
10/23/2024	Ankur Bindal Chula Vista, CA 91910-5842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician KAB Medical Group Inc	\$10,000.00	\$10,000.00	
10/27/2024	Yong Ping Chen Camarillo, CA 93010-6631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Acupuncturist Chen's Chinese Medicine	\$2,000.00	\$2,000.00	

SUBTOTAL \$14,700.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$415,750.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$149.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$415,899.00

*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

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 10/20/2024 through 12/31/2024	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))	I.D. NUMBER 1474811
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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)
10/22/2024	Stephen Cloobek Beverly Hills, CA 90210-3022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Cloobek Companies	\$100,000.00	\$200,000.00	
11/04/2024	Juan De La Cruz Glendale, CA 91206-1437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Adventist Health	\$250.00	\$250.00	
10/25/2024	Kerry Doi Gardena, CA 90247-5726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Pacific Asian Consortium in Employment	\$1,000.00	\$1,000.00	
10/28/2024	Mike Eng Los Angeles, CA 90017-2536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board Member State of California	\$250.00	\$250.00	

SUBTOTAL	\$101,500.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$415,750.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$149.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$415,899.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

CALIFORNIA FORM 460
Page 6 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

I.D. NUMBER
1474811

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)
10/24/2024	Fabian Nunez for State Treasurer Sacramento, CA 95814-4602 ID: 1452790	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
11/01/2024	Hector Flores Whittier, CA 90604-4015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Family Care Specialists	\$1,000.00	\$1,000.00	
10/30/2024	Frank O Gehry Santa Monica, CA 90402-1230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Frank O. Gehry & Assoc	\$10,000.00	\$10,000.00	
10/29/2024	Paulina Gianoregorio Woodland Hills, CA 91367-4830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Behavioral Technician Behavioral Learning Network	\$250.00	\$250.00	

SUBTOTAL \$36,250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,750.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$149.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$415,899.00

*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

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

I.D. NUMBER
1474811

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)
10/29/2024	Scott Gianareorio Woodland Hills, CA 91367-4830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chef The Caterer	\$250.00	\$250.00	
10/21/2024	Lisa Grace-Kellooa 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	\$5,000.00	
11/06/2024	HNTB Corporation Kansas City, MO 64105-1310	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
10/22/2024	Hudson Pacific Properties, Inc. Los Angeles, CA 90025-0509	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	

SUBTOTAL \$20,250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,750.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$149.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$415,899.00

*Contributor Codes

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COM- Recipient Committee (other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

CALIFORNIA FORM 460
Page 8 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

I.D. NUMBER
1474811

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)
10/23/2024	Phillip Hwin Los Angeles, CA 90045-1274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Nexad Systems Inc.	\$50,000.00	\$50,000.00	
11/04/2024	Alfredo Izmajtovich La Quinta, CA 92253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Cesar Chavez Foundation	\$2,500.00	\$2,500.00	
11/04/2024	Jacobs Solutions, Inc. Los Angeles, CA 90071-2419	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
10/24/2024	Bruce Karatz Los Angeles, CA 90077-2925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	\$2,500.00	\$2,500.00	

SUBTOTAL \$65,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,750.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$149.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$415,899.00

*Contributor Codes
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OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

CALIFORNIA FORM 460
Page 9 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c) (4))

I.D. NUMBER
1474811

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)
11/01/2024	George Kieffer Santa Monica, CA 90405-4037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Manatt, Phelps & Phillips, LLC	\$300.00	\$300.00	
10/23/2024	Darlene Kuba Monrovia, CA 91016-3423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Kuba + Associates	\$1,000.00	\$1,000.00	
11/01/2024	Sam Lee Aspen, CO 81611-3602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Not Employed	\$50,000.00	\$50,000.00	
10/22/2024	Boria Leon Long Beach, CA 90808-1884	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President D'Leon Consulting Engineers	\$1,000.00	\$1,000.00	

SUBTOTAL \$52,300.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,750.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$149.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$415,899.00

*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

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

CALIFORNIA FORM 460
Page 10 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

I.D. NUMBER
1474811

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)
11/01/2024	Kitak Leung West Covina, CA 91791-1673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA K A L L Accountancy	\$25,000.00	\$25,000.00	
11/04/2024	Los Angeles Democratic Party - Issues & Advocacy Account Los Angeles, CA 90017-5864 ID: 744554	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
11/02/2024	Asif Mahmood Bradbury, CA 91008-1048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self Employed	\$2,000.00	\$2,000.00	
10/23/2024	Monica Mejia Los Angeles, CA 90066-3529	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager Abode Communities	\$100.00	\$100.00	

SUBTOTAL \$52,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,750.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$149.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$415,899.00

*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

FPPC Form 460 (Jan/2016)
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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c) (4))

I.D. NUMBER
1474811

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)
10/23/2024	Garv Karlin Michelson Los Angeles, CA 90025-1519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Philanthropist Self Employed	\$5,000.00	\$5,000.00	
10/23/2024	Allen Miller Santa Monica, CA 90405-1216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO COPE Health Solutions	\$5,000.00	\$5,000.00	
10/28/2024	Gabriel Monares West Covina, CA 91790-2902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal The Monares Group, LLC	\$1,000.00	\$1,000.00	
10/29/2024	Rick Olivarez Los Angeles, CA 90071-2609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Olivarez Madruga Law Organization	\$5,000.00	\$5,000.00	

SUBTOTAL \$16,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,750.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$149.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$415,899.00

*Contributor Codes
IND- Individual
COM- Recipient Committee (other than PTY or SCC)
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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

I.D. NUMBER
1474811

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)
10/28/2024	Kevin Peng Xu Long Beach, CA 90802-3141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect/Partner Studio One Eleven	\$10,000.00	\$10,000.00	
10/31/2024	Primestor Development, Inc. Encino, CA 91436	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
10/28/2024	Alan Pullman Long Beach, CA 90802-3141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Studio One Eleven	\$1,000.00	\$1,000.00	
10/23/2024	Bonnie Lee Rhow Los Angeles, CA 90067-2253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	\$5,000.00	\$5,000.00	

SUBTOTAL \$26,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,750.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$149.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$415,899.00

*Contributor Codes
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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

I.D. NUMBER
1474811

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)
11/04/2024	Rose Hills Memorial Park, Inc. Whittier, CA 90601-1626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,500.00	\$4,500.00	
11/01/2024	Robert Rosenheck Los Angeles, CA 90027-1114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Family Office Galisteo Group	\$5,000.00	\$5,000.00	
11/11/2024	San Gabriel Valley Water Co El Monte, CA 91733-2425	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
11/04/2024	Sarah Stone Los Angeles, CA 90025-4804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Hypothesis	\$500.00	\$500.00	

SUBTOTAL \$15,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,750.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$149.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$415,899.00

*Contributor Codes
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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c) (4))

I.D. NUMBER
1474811

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)
11/01/2024	Ken Susilo Manhattan Beach, CA 90266-6209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Geosyntec Consultants	\$150.00	\$150.00	
10/23/2024	Fernando Vasquez Downey, CA 90241-5620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Prima Waste	\$5,000.00	\$5,000.00	
10/23/2024	Michael Weinstein Los Angeles, CA 90028-7422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President AIDS Healthcare Foundation	\$10,000.00	\$10,000.00	
11/05/2024	Bill Wong Sacramento, CA 95822-1811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Bill Wong LLC	\$500.00	\$500.00	

SUBTOTAL \$15,650.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,750.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$149.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$415,899.00

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460 Page <u>15</u> of <u>31</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

I.D. NUMBER
1474811

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)
10/29/2024	Richard Zaldivar Los Angeles, CA 90012-3048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director The Wall Las Memorias	\$1,000.00	\$1,000.00	

SUBTOTAL \$1,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$415,750.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$149.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$415,899.00

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**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 10/20/2024	
through 12/31/2024	
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SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
1474811

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2024	AAPI Equity Alliance Los Angeles, CA 90021-1848	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Newspaper Ads - World Journal	\$35.63	\$3,091.87	
10/24/2024	AAPI Equity Alliance Los Angeles, CA 90021-1848	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Newspaper Ads - Rafu Shimpo	\$62.50	\$3,091.87	
10/25/2024	AAPI Equity Alliance Los Angeles, CA 90021-1848	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Newspaper Ads - Siam Media	\$13.75	\$3,091.87	

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL	\$111.88
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Schedule C Summary

- Amount received this period -itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....
- Amount received this period -unitemized nonmonetary contributions of less than \$100.....
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$1,571.53
\$0.00
\$1,571.53

*Contributor Codes
IND- Individual
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PTY- Political Party
SCC- Small Contributor Committee

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**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 10/20/2024 through 12/31/2024	
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SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
1474811

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2024	AAPI Equitv Alliance Los Angeles, CA 90021-1848	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Newspaper Ads - India West	\$23.44	\$3,091.87	
10/27/2024	AAPI Equitv Alliance Los Angeles, CA 90021-1848	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Test Messaging	\$878.36	\$3,091.87	
10/27/2024	AAPI Equitv Alliance Los Angeles, CA 90021-1848	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Voter Data	\$278.43	\$3,091.87	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$1,180.23

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$1,571.53

2. Amount received this period -unitemized nonmonetary contributions of less than \$100.....

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$1,571.53

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**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from <u>10/20/2024</u> through <u>12/31/2024</u>	
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SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
1474811

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2024	AAPI Equity Alliance Los Angeles, CA 90021-1848	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Newspaper Ads - Sing Tao Daily	\$30.00	\$3,091.87	
10/29/2024	AAPI Equity Alliance Los Angeles, CA 90021-1848	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Newspaper Ads - Korea Times	\$81.25	\$3,091.87	
11/01/2024	AAPI Equity Alliance Los Angeles, CA 90021-1848	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time : October	\$80.67	\$3,091.87	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$191.92

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$1,571.53

2. Amount received this period -unitemized nonmonetary contributions of less than \$100.....

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$1,571.53

*Contributor Codes
IND- Individual
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**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from <u>10/20/2024</u> through <u>12/31/2024</u>	
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SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
1474811

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/01/2024	AAPI Equity Alliance Los Angeles, CA 90021-1848	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Newspaper Ads - Korea Daily	\$87.50	\$3,091.87	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$87.50

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$1,571.53

2. Amount received this period -unitemized nonmonetary contributions of less than \$100.....

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$1,571.53

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**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 20 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))	I.D. NUMBER 1474811
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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 | 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
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC	Credit Card Processing Fees	\$55.73
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC	Credit Card Processing Fees	\$223.43
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC	Credit Card Processing Fees	\$6,488.23

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$6,767.39

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$500,383.36
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 \$500,383.36

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**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 21 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c) (4))

I.D. NUMBER

1474811

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	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
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC	Credit Card Processing Fees	\$92.73
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC	Credit Card Processing Fees	\$39.31
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC	Credit Card Processing Fees	\$258.53
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$390.57

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$500,383.36
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 \$500,383.36

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

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 22 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))	I.D. NUMBER 1474811
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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 | 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
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC	Credit Card Processing Fees	\$245.32
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC	Credit Card Processing Fees	\$370.23
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC	Credit Card Processing Fees	\$370.23

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$985.78

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$500,383.36
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 \$500,383.36

FPPC Form 460 (Jan/2016)
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**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>10/20/2024</u> through <u>12/31/2024</u>	
Page <u>23</u> of <u>31</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))	I.D. NUMBER 1474811
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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 | 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
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC		Credit Card Processing Fees	\$1,164.80
ActBlue Technical Services West Somerville, MA 02144-0031 ID: C00401224	OFC		Credit Card Processing Fees	\$2,045.40
Amalgamated Bank Washington, DC 20006-1202	OFC		Bank Fees	\$51.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL				\$3,261.20

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$500,383.36
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 \$500,383.36

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>10/20/2024</u> through <u>12/31/2024</u>	
Page <u>24</u> of <u>31</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))

I.D. NUMBER

1474811

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 | 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
Amalgamated Bank Washington, DC 20006-1202	OFC		Bank Fees	\$137.25
Amalgamated Bank Washington, DC 20006-1202	OFC		Bank Fees	\$16.75
Assemble the Agency LLC Washington, DC 20036-5584	TEL		Digital Ad Production	\$75,000.00

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

SUBTOTAL \$75,154.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$500,383.36
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 \$500,383.36

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 25 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on G - Communities United Action Fund (Nonprofit 501(c) (4))	I.D. NUMBER 1474811
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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 | 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
Assemble the Agencv LLC Washington, DC 20036-5584	TEL		Digital Ad Buy	\$100,000.00
Assemble the Agencv LLC Washington, DC 20036-5584	PHO		Texting	\$13,364.00
Assemble the Agencv LLC Washington, DC 20036-5584	PHO		Texting	\$15,235.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$128,599.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$500,383.36
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 \$500,383.36

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**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 26 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on G - Communities United Action Fund (Nonprofit 501(c) (4))	I.D. NUMBER 1474811
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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 | 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
Assemble the Agency LLC Washington, DC 20036-5584	TEL		Digital Ad Buy	\$50,000.00
Assemble the Agency LLC Washington, DC 20036-5584	PHO		Texting	\$14,588.20
Berqmann Zwerdling Direct Washington, DC 20036-1737	LIT		Mail Production	\$71,945.24

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$136,533.44

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$500,383.36
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 \$500,383.36

FPPC Form 460 (Jan/2016)
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**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 27 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on G - Communities United Action Fund (Nonprofit 501(c) (4))

I.D. NUMBER

1474811

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 | 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
Beromann Zwerdling Direct Washington, DC 20036-1737	POS		Postage	\$78,123.04
Elias Law Group Washington, DC 20002-4253	PRO		Legal Services	\$3,949.10
Bradlev Elkins Albuquerque, NM 87104-3269	CNS		General Consulting	\$10,000.00

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

SUBTOTAL \$92,072.14

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$500,383.36
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 \$500,383.36

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

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 28 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on G - Communities United Action Fund (Nonprofit 501(c) (4))	I.D. NUMBER 1474811
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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 | 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
MBA Consulting Group Washington, DC 20003-2834	PRO	Compliance Services	\$14,000.00
NGP Van Washington, DC 20005-5738	WEB	Database Subscription	\$106.00
NGP Van Washington, DC 20005-5738	WEB	Database Subscription	\$106.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$14,212.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$500,383.36
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 \$500,383.36

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 29 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))	I.D. NUMBER 1474811
--	------------------------

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 |
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| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
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| 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
Political Data Inc. Long Beach, CA 90806-2458	WEB	Database Services	\$1,500.00
Lisa Thompson Brea, CA 92821-2313	FND	Event Expenses	\$24,507.84
Nicholas Wvville West Hollywood, CA 90046-6325	CNS	Campaign Communications Strategy Consulting	\$15,600.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$41,607.84

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals).....	\$500,383.36
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 \$500,383.36

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**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 30 of 31

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))	I.D. NUMBER 1474811
--	------------------------

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 |
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| IND independent expenditure | 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
Sherry Zhou Los Angeles, CA 90024-9001	CMP	Photography	\$800.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$800.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$500,383.36
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 \$500,383.36

FPPC Form 460 (Jan/2016)
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460
from 10/20/2024 through 12/31/2024	
Page 31 of 31	

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
 1474811

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Lisa Thompson

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 | 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Craig's West Hollywood, CA 90069-5603	FND		Dinner	\$2,449.77
La Cha Cha Cha Los Angeles, CA 90013-1820	FND		Event Expense	\$9,114.74
La Cha Cha Cha Los Angeles, CA 90013-1820	FND		Event Expense	\$12,943.33

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$24,507.84

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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