Cá	ecipient Committee Impaign Statement over Page			Date Stamp RECEIVED E	.00
		Statement covers period from 01/01/2024	Date of election if applicable: (Month, Day, Year)	UNITOTION PH	2 15 For Official Use Only
SEE	INSTRUCTIONS ON REVERSE	6/30/2024	11/8/2022	CAMPAIGN FIR	AUCE
1.	Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	nt 🗆 s : (ermination)	Quarterly Statement Special Odd-Year Report
3.		D. NUMBER 1454794	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Yes on Measure MM - November 2022		Neil Travanti MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY		P CODE AREA CODE/PHONE
			Monrovia		1016 626-698-2535
	Monrovia CA 9101		NAME OF ASSISTANT TREASURE	ER, IF ANY	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	0 020-024-0020	MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZII	P CODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
	YesforMonroviaSchools@gmail.com		neil.travanti@gmail.com	m ·	
1.	Verification				· · · · · · · · · · · · · · · · · · ·
	I have used all reasonable diligence in preparing and reviewi certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my k California that the foregoing is true and o	nowledge∕the information contained ∞arract	d herein and in the attached	schedules is true and complete. I
	Executed on 100/24 Pate	By	Signature of Treasurer or Assistant		
	Executed on	Signature of Confro	Illing Officeholder, Candidate, State Measure Pr		ponsor
	Executed on	Ву	greature of Controlling Officeholder, Candidate,	State Massure Proponent	

COVER PAGE

COVER PA	GE - PART 2
CALIFORNIA FORM	460
2	47

Officeholder or Candidate Controlled Comm	ittee	6.	. Primarily Formed Ball	ot Measure	Committee	9	
NAME OF OFFICEHOLDER OR CANDIDATE	······································		NAME OF BALLOT MEASURE			· · · · · · · · · · · · · · · · · · ·	
			Yes on Measure MM -	November 2	.022		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	LETTER JURISDICTION			Z SUPPORT
			MM	Monrovi	a, CA		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP		Identify the controlling offic	eholder, cand	idate, or state	measure pro	ponent, if any.
· · · · · · · · · · · · · · · · · · ·			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT		····
Related Committees Not included in this Sta	itement. List any committees		Rob Hammond				
not included in this statement that are controlled by you or	r are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
contributions or make expenditures on behalf of your cand	didacy.		Monrovia Unified Scho	ol District Bo	oard		
COMMITTEE NAME	I.D. NUMBER		 		•	<u> </u>	· <u></u> .
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE? USE NO OX)	7.	Primarily Formed Can officeholder(s) or candidate(s)	s) for which this	s committee is	ommittee L primarily form	ed.
							OPPOSE
CITY STATE ZIP C	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)				1		
CITY STATE ZIP C	ODE AREA CODE/PHONE		Att	ach continuat	ion sheets if ı	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Stater	nent covers period 01/01/2024	CALIFORNIA 460
	through _	6/30/2024	Page3 of17
_	· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER
			1454794

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure MM - November 2022

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ 0 0 0	\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$
6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0 0 0 0	\$O \$O O \$O	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	0.00 0.00 -62.00	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	chedule A		ts may be rounded			SCHEDULE A		
	Contributions Received	to	whole dollars.	Statement coverage of the statement coverage	ers period /2024	CALI F	FORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through 6/30/2024		Page4 of17		
NAME OF FILER Yes on Me	asure MM - November 2022				,	I.D. NU 14547		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC	. "	·				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		•				
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	0				
Amount red (Include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)			0	IND - COM	(other	ial ient Committee than PTY or SCC)	
3. Total mone	ceived this period – unitemized monetary contribution etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Coli			0	PTY	Politica	(e.g., business entity) al Party Contributor Committee	

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

	A (Continuation Sheet) Contributions Received	Amounts may to whole o			/2024	schedule a (COI CALIFORNIA 46(
			_	through 6/30	0/2024	Page _		7
NAME OF FILER						I.D. NL		
Yes on Mea	asure MM - November 2022	4			,	14547	94	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTI TO DATE (IF REQUIRE	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						

SUBTOTAL \$

0

*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

Schedule B – Part 1	Am	nounts may be ro		Г	24.4		SCHEL	DULE B - PART 1
Loans Received		to whole dollars	S.		Statement cov	ers perioa 1/2024	CALIFORN FORM	^{IA} 460
•				,	from01/0	.,	PORW	
SEE INSTRUCTIONS ON REVERSE					through6/3	0/2024	Page6	of17
NAME OF FILER	- -						I.D. NUMBER	
Yes on Measure MM - November 2022							1454794	•
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID				CALENDAR YEAR
				s	_ \$	% RATE	\$	\$
				FORGIVEN		RAIE		PER ELECTION**
TIND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	_ s	%	\$	\$
	•			☐ FORGIVEN		RATE		PER ELECTION*
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	_ \$	% RATE	s	s
				☐ FORGIVEN		ROLE		PER ELECTION*
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0 \$	5	0 \$ 0	\$	0	
Schedule B Summary						(Enter (e) on Schedule E, Line :	3)	
1. Loans received this period				\$ _	0_			
(Total Column (b) plus unitemized loan	s of less than \$100.)					(Contributor Codes	
2. Loans paid or forgiven this period				\$	0		ND Individual	
(Total Column (c) plus loans under \$10			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·	COM - Recipient Co	ommittee PTY or SCC)
(Include loans paid by a third party that		edule A.)					OTH - Other (e.g., t	business entity)
3. Net change this period. (Subtract Line	2 from line 1)			NET ¢	n		PTY – Political Party SCC – Small Contri	
Enter the net here and on the Summar			***************************************		(May be a negative number)	C		
	,							

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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

SCHEDULE B - PART 1

Onlanded a D. David O		Amounte may be rounded				SCH	EDULE B - PART
Schedule B – Part 2 Loan Guarantors		to whole dollars.		Staten			
Loan Guarantois				from	01/01/2024	FORM	100
SEE INSTRUCTIONS ON REVERSE				through .	6/30/2024	Page7	of17
NAME OF FILER						I.D. NUMBER	
Yes on Measure MM - November 2022						1454794	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER			CALENDAR YEAR	
	□сом					\$	
	□отн	•	DATE			PER ELECTION (IF REQUIRED)	
	1						
	TABLE 1 Amounts may be rounded to whole dollars. Statement covers period from						
	□IND	•	LENDER			CALENDAR YEAR	
	□сом					\$	
	□отн		DATE			PER ELECTION (IF REQUIRED)	
	□PTY						
	□scc					\$	
		<u>-</u>	LENDER			CALENDAR YEAR	
						s	
			DATE			(IF REQUIRED)	
			···				
	□IND		LENDER			CALENDAR YEAR	
						\$	
			DATE				
	□PTY	•				Ç ,	
	□scc					\$	
			SUE	STOTAL S	\$ 0		

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.					california 460		
CEE INCTELICATION	ONE ON DEVEDEE				throu	igh6/30/20	024	Page	8 of 17	
NAME OF FILER	DNS ON REVERSE							I.D. NUME	BER	
Yes on Me	easure MM - November 2022							145479	4	
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 (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEN	LATIVE TO DATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addit	tional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	0				
Schodule	C Summary						<u> </u>			
1. Amount re	eceived this period – itemized nonmonetar	y contribution	ns.		\$	0	IN		I nt Committee	
·	eceived this period – unitemized nonmone					0		ΓH Òther (e	nan PTY or SCC) .g., business entity)	
	monetary contributions received this period is 1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	TOTA	L \$ _	0	so	TY Political I CC Small Co	ontributor Committee	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole do		Statement covers period from 01/01/2024			CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through 6/30/2		Page 9 of 17			
	asure MM - November 2022					454794			
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure							
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
			SUBTOTAL	\$ 0					
	D Summary contributions and independent expenditures mad	e this period. (Includ	de all Schedule D subtotals.).			\$	0		
2. Unitemize	ed contributions and independent expenditures m	ade this period of ur	nder \$100			\$	0		
3. Total cont	ributions and independent expenditures made th	is period. (Add Lines	s 1 and 2. Do not enter on th	ne Summary Page.) T OT AI	L\$	00		

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA Supporting/Opposing Other FORM** 01/01/2024 from **Candidates, Measures and Committees** 6/30/2024 Page 10 of 17 through NAME OF FILER I.D. NUMBER Yes on Measure MM - November 2022 1454794 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE (IF REQUIRED) MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN, 1 - DEC, 31) OR COMMITTEE ☐ Monetary Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Oppose ☐ Support ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure □ Oppose Support ■ Monetary Contribution □ Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose SUBTOTAL \$ 0

Schedule E Payments Made	Amounts may be rounded to whole dollars.			States	01/01/20 6/30/20	24 F	IFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes on Measure MM - November 2022					inrough.		ragi	UMBER
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munication d appearant ses lating urvey resea very and m	s ces	es	RAD radio RFD retu SAL cam TEL t.v. c TRC can TRS staff TSF tran VOT vote	o airtime and pred contributi paign workers or cable airtime didate travel, le dispouse travel or registration	nyment. production costs ions i' salaries e and production co odging, and meals I, lodging, and mea	osts Is ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF	PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also to	be summarized on Sche	edule D.					SUBTOTA	L\$ 0
Schedule E Summary					7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
 Itemized payments made this period. (Include all Schedu Unitemized payments made this period of under \$100 								62.00
3. Total interest paid this period on loans. (Enter amount fro 4. Total payments made this period. (Add Lines 1, 2, and 3.		•						62.00

		•		
Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may be to whole do		Statement covers period from01/01/2024 through6/30/2024	SCHEDULE E (CONT. CALIFORNIA 460 FORM 12 of 17
NAME OF FILER				I.D. NUMBER
Yes on Measure MM - November 2022			011	1454794
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications d appearances es ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging,	duction costs nd meals and meals ss of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			•	
				

SUBTOTAL \$

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

Accrued Expenses (Unpaid Bills) Amounts may be rounded to whole dollars.			Statement cov	ers period C	ALIFORNI FORM	[^] 460
SEE INSTRUCTIONS ON REVERSE			through6/3	0/2024	Page 13	of 17
NAME OF FILER				1.1	D. NUMBER	
Yes on Measure MM - November 2022				1	454794	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces varch nessenger services	RAD radio airtime a RFD returned contri SAL campaign wor TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr	nd production costs ibutions kers' salaries filme and production el, lodging, and mea avel, lodging, and men committees of thon	n costs als neals ne same candid	late/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON	BALA	(d) ITSTANDING NCE AT CLOSE THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	0	\$ 0	\$	0 \$	0
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized 	Schedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INC	URRED TOTAL	s \$	0
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTAL	S \$	0
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and		,	NE	T \$	0 egative number

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded		SCHEDULE F (CON				
	to whole dollars.	Statement covers period from 01/01/2024	CALIFORNIA 460				
		through6/30/2024	Page 14 of 17				
NAME OF FILER			I.D. NUMBER				
Yes on Measure MM - November 2022			1454794				
CODES: If one of the following codes accurately	describes the payment, you may enter the cod	le. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications MTG meetings and appearances	RAD radio airtime and production RFD returned contributions	costs				

CODES: If one of the following codes accura	ately 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 supporting/opposing other	rs (explain)* POS postage, delivery and messenger service	s TSF transfer between committees of the same candida	te/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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

Schedule G Payments Made by an Agent or Independer Contractor (on Behalf of This Committee)	1t Amour to	nts may be ro whole dolla		Staten	nent covers period 01/01/2024	CALIFORN FORM	SCHEDULE OF A
SEE INSTRUCTIONS ON REVERSE				through_	6/30/2024	Page15	of
NAME OF FILER						I.D. NUMBER	
Yes on Measure MM - November 2022						1454794	
NAME OF AGENT OR INDEPENDENT CONTRACTOR	Alexander A			Othornian des			
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	mmunications and appearance anses culating as survey resea elivery and me al services (les	s ces	RAD radio RFD return SAL camp TEL t.v. or TRC cand TRS staff// TSF trans VOT voter	airtime and production airtime and productions laign workers' salaries cable airtime and producte travel, lodging, are spouse travel, lodging, fer between committee registration mation technology costs	ucosts duction costs and meals and meals as of the same cand	idate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF P	AYMENT		AMOUNT PAID

 $\label{thm:linear} \textit{Attach additional information on appropriately labeled continuation sheets}.$

TOTAL* \$

0

				_				SCHEDULE H
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement co	overs period 01/2024	CALIFORN FORM	MA 460
SEE INSTRUCTIONS ON REVERSE						30/2024	Page 16	of17
NAME OF FILER							I.D. NUMBER	
Yes on Measure MM - November 2022							1454794	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$. \$	RATE	\$	PER ELECTION**
•		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$ PER ELECTION**
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive								A 4
reported on Schedule E.	ir mast also be	SUBTOTALS	\$ 0	\$	0 \$ 0	\$ 0		
	3	- 12			 	(Enter (e) on Schedule I, Line 3)	<u> </u>	,
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loan	s of less than \$100.)	***************************************	***************************************	•••••••	\$	0	[**If Required
Payments received on loans (Total Column (c) plus unitemized payments					\$	0	~	
3. Net change this period. (Subtract Line : (Enter the net here and on the Summa			•••••••••••	•••••••		O May be a negative number)	-	

Schedule I Miscellaneous Increases to Cash		Amounts may be rou	ınded		SCHEDULE I
		to whole dollars.		Statement covers period	CALIFORNÍA 460
				from 01/01/2024	FORM TOO
SEE INSTRUCTIONS ON REVER	CE.			through 6/30/2024	Page17 of17
NAME OF FILER	JE				I.D. NUMBER
Yes on Measure MM - I	November 2022				1454794
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	:	DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
				•	
				•	
					•
	•				
•					
Attach additional inform	nation on appropriately labeled continuation she	ets.		SUBTOT	AL\$ 0
Schedule I Summa	ry		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	cash this period			\$	0
2. Unitemized increases	to cash of under \$100 this period			\$	<u> </u>
3. Total of all interest red	ceived this period on loans made to others.	(Schedule H, Column (e).)	\$	0
	ncreases to cash this period. (Add Lines 1,			T0T1	0
Summary Page, Line	14.)			., IUIAL \$	<u> </u>