497 Contribution Report

Amounts may be rounded to whole dollars.

							497 0	ONTRIBUTION REPORT	
NAME OF FILER Yes on Measure AC				Date of		Date Stamp	CALIFORNIA 497		
				This Filing _	10/08/2024			FORM 491	
AREA CODE/PHONE NUMBER (562)590-5550		I.D. NUMBER (if applicable)		Report No. $\frac{1}{2}$	00724-1	E-Filed 10/08/2024 17:59:31	For Official Use Only		
STREET ADDRESS			☐ Amendme		Filing ID: 212267780				
CITY	STATE ZIP CODE		ZIP CODE	(explain below)					
Long Beach	CA 90802			No. of Pages	3				
1. Contributio	n(s) Received								
DATE RECEIVED	FULL NAM	ND ZIP CODE OF CONT ENTER I.D. NUMBER)	FRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED		
10/07/2024	CTI Environmental Long Beach, CA 908				☐ IND ☐ COM ☒ OTH			1,047.43	
					□ PTY □ SCC			Provide interest rate	
10/07/2024	John Fylpaa Fountain Valley, CA	A 92708				Retired None		1,000.00	
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Provide interest rate Check if Loan Provide interest rate	
Reason for Amendo	ment:					*Contributor Codes IND – Individual COM – Recipient C OTH – Other (e.g., PTY – Political Part SCC – Small Contri	committee (oth business entry		