497 Contribution Report

Amounts may be rounded to whole dollars.

				,			497 CC	ONTRIBUTION REPORT
NAME OF FILER Yes on Measure AC				Date of This Filing09/19/2024		Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1472477					E-Filed	For Official Use Only		
		1472477		Report No. 091924-1		09/19/2024		
STREET ADDRESS				┦		16:25:52		
				☐ Amendme to Report No.		Filing ID: 212119784		
CITY		STATE ZIP CODE						
				No. of Pages	2			
Long Beach		CA	90802	- 1		1		
1. Contributi	ion(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
09/18/2024		John A Martin Associates Inc						3,141.68
	Los Angeles, CA 90	Los Angeles, CA 90015			☐ IND ☐ COM			
					I S OTH			☐ Check if Loan
					□ PTY			U CHECK II LUAII
					scc			%
22/10/0004								Provide interest rate
09/18/2024	Lakewood, CA 90712	Laborer's International Union of North America Local 1309 Lakewood, CA 90712						20,000.00
	Committee ID # 1414			X COM				
					□ ОТН			☐ Check if Loan
					☐ PTY			
					SCC			Provide interest rate
09/18/2024	Long Beach City Col						25,000.00	
	Long Beach, CA 90808				☐ IND			
					☐ COM			Charle if Loon
					PTY			☐ Check if Loan
					scc			%
								Provide interest rate
						<u> </u>		
						*Contributor Codes		
		IND – Individual COM – Recipient Committee (other than PTY or SCC						
						OTH - Other (e.g., b	business enti	
Reason for Amer	ndment:					PTY – Political Party SCC – Small Contribu		
						(SCC - Small Continue	ator Committee	je j

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of		Date Stamp	CALIFORNIA 497			
Yes on Measure A		This Filing _	09/19/2024		FOF	RM 431		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			1004 1		For	Official Use Only		
(562)590-5550 1472477				Report No. 09	1924-1			
STREET ADDRESS		1		_				
		☐ Amendme to Report No.						
CITY		STATE CA	ZIP CODE 90802	(explain below) No. of Pages	2			
Long Beach								
1. Contributio	n(s) Received							
DATE RECEIVED	FULL NAME	ID ZIP CODE OF CONTRIE	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	AMOUNT RECEIVED		
09/18/2024	Kevin Peterson Long Beach, CA 90815				X IND	Engineer P2S LP		10,000.00
					OTH			☐ Check if Loan
					scc			Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY			☐ Check if Loan
					SCC			Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
								Provide interest rate
Reason for Amendo	ment:					*Contributor Codes IND – Individual COM – Recipient Col OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	ousiness ent	ity)