Major Donor and Independent Expenditure Committee

Independent Expenditure Con Campaign Statement	nmittee		RECEIVED BY CALIFORNIA 461
SEE INSTRUCTIONS ON REVERSE	statement covers period from 1 1 2 4 through 12 3 2 4	Date of election if applicable: (Month, Day, Year)	2025 MAR 20 AM II: Page of CAMPAIGN FINANCE MIGHT
1. Name and Address of Filer		3. Summary	
RESIDENTIAL OR MAILING ADDRESS	(NO. AND STREET)	1. Expenditures and co (including loans) of \$ made this period. (Page 2. Unitemized expenditures contributions (including loans)	ontributions \$100 or more art 5.)
Arcadia	CA 91007	\$100 made this period	od\$
RESPONSIBLE OFFICER (If filer is other than an individual) 2. Nature and Interests of Filer (Company) A FILER WHO IS AN INDIVIDUAL MUST LIST THE OF EMPLOYER OR, IF SELF-EMPLOYED, THE NATURAL OF EMPLOYER/BUSINESS ADDRESS OF EMPLOYER/BUSINESS		 4. Total expenditures at made from prior state amount from Line 5 of filed. If this is the first the calendar year, er 5. Total expenditures at (including loans) made 	and contributions ement. (Enter of last statement st statement for other zero.)
A FILER THAT IS A BUSINESS ENTITY MUST DES	CRIBE THE BUSINESS ACTIVITY IN WHICH IT IS	reviewed the statement	ole diligence in preparing this statement. I have and to the best of my knowledge the information
A FILER THAT IS AN ASSOCIATION MUST PROVID	ENTITY, OR ASSOCIATION MUST DESCRIBE THE	contained herein is true	and complete. I certify under penalty of perjury under California that the foregoing is true and correct.
Amendment (Explain):			FPPC Form 461 (Jan/2016)

Major Donor and Independent Expenditure Committee Campaign Statement

Amounts may be rounded to whole dollars.

Statement covers period from	CALIFORNIA 46'	
through	Page of	

SEE INSTRUCTIONS ON REVERSE	through	Page of
NAME OF FILER		

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE OR COMMITTEE	AMOUNT THIS PERIOD	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	TYPE OF PAYMENT	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE
10000.00		Yes on G (los Angeles county measure G)			Montholit dollated This is	-28-24
		Support Dppose		Independent Expenditure	Washington, DC 20003	
		☐ Support ☐ Oppose		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		
				Monetary Contribution Loan Non-Monetary Contribution Independent		
		☐ Support ☐ Oppose		Expenditure		
				Monetary Contribution Loan Non-Monetary Contribution		
	☐ Support ☐ Oppose		Independent Expenditure			