Ca	ecipient Committee ampaign Statement over Page				i.	Date Stamp RECEIVE	300U	COVER PAGE ALIFORNIA 460 FORM 17		
	,			Statement covers period 07/01/2023	Date of election if applicable: (Month, Day, Year)	2021001	PM 2: 15	ge of/ For Official Use Only		
SEE	EINSTRUCTIONS ON REVERSE			12/31/2023	11/8/2022	CAMPAIGN	FINANCE			
1.	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.				2. Type of Statement:					
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Primarily Formed Ballot Measure Committee Sponsored (Also Complete Part 5) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)				Preelection Statement ☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)						
3.	Committee Information			шмвек 54794	Treasurer(s)					
	COMMITTEE NAME (OR CANDIDATE'S NAME IF	NO COMMI		04704	NAME OF TREASURER					
	Yes on Measure MM - November	er 2022			Neil Travanti MAILING ADDRESS					
	STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	,				Monrovia	CA	91016	626-698-2535		
	CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY				
	Monrovia MAILING ADDRESS (IF DIFFERENT) NO. AND S	CA TREET OR P	91016 P.O. BOX	626-824-0826	N/A MAILING ADDRESS					
	,									
	CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRE	SS		···		
	YesforMonroviaSchools@gmail.	.com			neil.travanti@gmail.co	m .				
	Verification I have used all reasonable diligence in proceeding under penalty of periony under the Executed on Date	eparing and laws of the	d reviewing State of Ca	alifornia that the foregoing is terforand	Signature of Treasurer or Assistan	ot Treasurer		s is true and complete. I		
	Date			Saphature of Contro	olling Officeholder, Candidate, State Measure P	roponent or Responsible Offic	er of Sponsor			
	Executed on			Ву	ignature of Controlling Officeholder, Candidate,	State Measure Proponent				

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALII FO	FORNIA DRM	460					
Page	2 .	of 17					

. 0	Officeholder or Candidate Controlled Committee				6. Primarily Formed Ballot Measure Committee						
N/	AME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE						
					Yes on Measure MM - N	November 2	022				
ÖF	FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DICTION		☑ SUPPORT		
					ММ	Monrovia	a, CA		OPPOSE		
RE	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP				Identify the controlling office	eholder, candi	date, or state	e measure pro	oponent, If any.		
_					NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT				
R	elated Committees Not Included in this	: Statement	l ist any committees		Rob Hammond						
not included in this statement that are controlled by you or are primarily formed to receive			OFFICE SOUGHT OR HELD	DISTRIC			T NO. IF ANY				
_	ontributions or make expenditures on behalf of your	r candidacy.			Monrovia Unified School	I District Bo	ard				
N/	AME OF TREASURER	CONTROLI	ED COMMITTEE?	7.	Primarily Formed Canc officeholder(s) or candidate(s)	for which this	committee is	primarily for	ned.		
cc	OMMITTEE ADDRESS (NO I	P.O. BOX)			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOI	JGHT OR HELL	SUPPORT OPPOSE		
_		ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SO	JGHT OR HELD	SUPPORT OPPOSE		
CC	OMMITTEE NAME	I.D. NUMBE			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SO	JGHT OR HELD	SUPPORT OPPOSE		
	AME OF TREASURER OMMITTEE ADDRESS STREET ADDRESS (NO I	☐ YES	LED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOI	JGHT OR HELD	SUPPORT OPPOSE		
CI		ZIP CODE	AREA CODE/PHONE		Atta	nch continuati	on sheets if i	necessary			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE	through12/31/2023	Page3 of17
NAME OF FILER		I.D. NUMBER
Yes on Measure MM - November 2022		1454794

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 Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0	\$ 0 0 0 0 0 0 0	1/1 through 6/30 7/1 to Date 20. Contributions Received \$			
Expenditures Made 6. Payments Made	\$0 0	\$ \frac{110.00}{0} \\ \$ \frac{0}{0} \\ \frac{0}{0} \\ \frac{110.00}{0} \\ 110.00	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 -60.00	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 Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$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	A		ts may be rounded			SCHEDULE A		
	Contributions Received	to	whole dollars.	Statement coverage of the statement coverage	ers period 1/2023	CALIFORNIA 460		
SEE INSTRUCTIO	DNS ON REVERSE			through12/31/2023		Page4of17		
Yes on Me	easure MM - November 2022					I.D. NUI 14547		
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 YI (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				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. ell Schedule A subtotals.)			•	IND - COM	(other t	al ent Committee than PTY or SCC)	
	eceived this period – unitemized monetary contribution	ns of less thar	s \$100\$	0	PTY.	- Political		
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Coli	umn A, Line 1	.)TOTAL \$	0	scc	- Small C	Contributor Committee	

Schedule A (Continuation Sheet) Amounts may be rounded SCHEDULE A (CONT.) **Monetary Contributions Received** to whole dollars. CALIFORNIA 460 Statement covers period FORM 07/01/2023 from. 12/31/2023 Page 5 of 17 through I.D. NUMBER NAME OF FILER Yes on Measure MM - November 2022 1454794 IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE RECEIVED THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) □сом □отн □ PTY □scc □сом □ OTH □ PTY □ scc □сом □ OTH □ PTY □scc □сом □отн □ PTY □ scc

SUBTOTAL \$

0

□ COM □ OTH □ PTY □ SCC

*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

	ounts may be rou	ınded	_	SCHEDULE B - PART 1					
Schedule B – Part 1	\	to whole dollars	i.		Statement cov	ers period	CALIFORNIA 460		
Loans Received					from07/01	/2023	FORM	400	
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2023	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	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
				PAID				CALENDAR YEAR	
				\$ FORGIVEN	_ \$	% RATE	\$	\$ PER ELECTION**	
[†] □ IND □ COM □ OTH □ PTY □ SCC □		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				. \$	_ \$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s	
				☐ PAID				CALENDAR YEAR	
·				\$	_ \$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	s	\$	DATE DUE	s	DATE INCURRED	\$	
		SUBTOTALS \$	0 \$	6 () \$ 0	\$ 0			
Sahadula B Summani)					(Enter (e) on Schedule E, Line 3)			
Schedule B Summary				•	•	Conducto E, Elife O,			
Loans received this period (Total Column (b) plus unitemized loans				\$	0	(†c	ontributor Codes	}	
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)							D – Individual DM – Recipient C (other than FH – Other (e.g., 'Y – Political Part	PTY or SCC) business entity)	
 Net change this period. (Subtract Line Enter the net here and on the Summar 					May be a negative number)			ibutor Committee	

*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

Schedule B – Part 2		Amounts may be rounded	Г	Statement covers period CALLEGRAMA 4 CA					
Loan Guarantors	•	to whole dollars.	from07/01/2023	CALIFOR FORM	NIA 460				
SEE INSTRUCTIONS ON REVERSE				through 12/31/2023	3 Page 7	of17			
NAME OF FILER	· · · · · · · · · · · · · · · · · · ·		<u>.</u>		I.D. NUMBER				
Yes on Measure MM - November 2022					1454794	:			
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUÄRANTOR (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 □ COM		LENDER		CALENDAR YEAR				
	□ COM □ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)				
	□scc				\$				
	☐ IND ☐ COM		LENDER		CALENDAR YEAR				
	□ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)				
	scc				\$				
	□IND □COM		LENDER		CALENDAR YEAR				
	□ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)				
	□scc				\$				
	□IND		LENDER		CALENDAR YEAR				
	□ COM □ OTH		DATE	· · · ·	PER ELECTION (IF REQUIRED)				
	□ PTY □ SCC				\$				

Enter on Summary Page, Line 17 only.

0

SUBTOTAL \$

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.			Statement covers period from 07/01/2023			CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE				thro	ough 12/31/2	.023	Page	8 of 17	
NAME OF FILER		-						I.D. NUME	BER	
Yes on Mea	asure MM - November 2022					,		145479	3 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 O GOODS OR SERVICE		AMOUNT/ FAIR MARKET VALUE	CALENDA CALENDA	ATIVE TO ATE 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 additi	ional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	0				
1. Amount red	C Summary eceived this period – itemized nonmonetary	y contributior	าร.		\$ _	0	IND		al ent Committee	
2. Amount re	eceived this period – unitemized nonmone	tary contribut	ions of less than \$100		\$ _	0		other th) H – Other (e Y – Political I	han PTY or SCC) e.g., business entity)	
3. Total nonm	monetary contributions received this period	d.	•			_			Contributor Committee	

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

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole doll		Statement covers	CALIFORNIA 460		
NAME OF FILER	ons on reverse asure MM - November 2022			through 12/31/	2023	Page 9 of 17 I.D. NUMBER 1454794	
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	CUMULATIV CALENDA (JAN. 1 -	VR YEAR	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			
1. Itemized o	D Summary contributions and independent expenditures maded contributions and independent expenditures maded contributions and independent expenditures maded.		e all Schedule D subtotals.)				

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA Supporting/Opposing Other** FÖRM 07/01/2023 from **Candidates, Measures and Committees** 12/31/2023 10 of 17 through NAME OF FILER I.D. NUMBER Yes on Measure MM - November 2022 1454794 PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) OR COMMITTEE Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose Contribution □ Nonmonetary Contribution ☐ Independent Expenditure □ Oppose ☐ Support ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose SUBTOTAL \$

	Amounts may be rounded					SCHEDULE SCHEDULE			
Schedule E	Amounts may b			Statem	ent covers perio	CALIF	ORNIA 460		
Payments Made					from07/01/2023		FO	RM TOO	
SEE INSTRUCTIONS ON REVERSE						12/31/2023	Page_		
NAME OF FILER							I.D. NUN		
Yes on Measure MM - November 2022					۵.		145479	94	
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 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	munications d appearanc ses lating urvey resear	es		RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF trans VOT voter	airtime and produ- ned contributions laign workers' sal- cable airtime and date travel, lodging spouse travel, lod fer between commander travel, lod fer between commander travels	uction costs aries d production cost ng, and meals lging, and meals	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCR	IPTION OF P	AYMENT		AMOUNT PAID	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.					SUBTOTAL	\$ 0	
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)						\$	0	
2. Unitemized payments made this period of under \$100								60.00	
Total interest paid this period on loans. (Enter amount from								0	
4. Total payments made this period. (Add Lines 1, 2, and 3.								60.00	
4. Iolai payments made this pendu. (Add Lines 1, 2, and 3.	Litter Here and On	and Sunni	nary rage, co	namm A,	-inc 0./		IVIAL 4		

SCHEDU	 CONT
SUMEDU	ILCON I.

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2023	schedule e (cont CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERSE		through12/31/2023	Page 12 of 17		
NAME OF FILER Yes on Measure MM - November 2022			1.D. NUMBER 1454794		
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 communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at 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		

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	UK.	DESCRIPTION OF PAYMENT	AMOUNT PAID
•				
		4.		
		+		
		+		
· · · · · · · · · · · · · · · · · · ·				

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

0

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	from 07/01/2023			IFORNIA 460
			through12/3	1/2023 Pag	ge <u>13</u> of <u>17</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	· · · · · · · · · · · · · · · · · · ·				IUMBER
Yes on Measure MM - November 2022	145	4794			
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 IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may MBR member communicatio MTG meetings and appearal 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 earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate travi Staff/spouse transfer betwe VOT voter registrati	nd production costs butions kers' salaries time and production co el, lodging, and meals avel, lodging, and meals en committees of the sa	s ame candidate/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) (c) AMOUNT INCURRED AMOUNT THIS PERIOD THIS PER (ALSO REPOR		(d) OUTSTANDING BALANCE AT CLOSE OF 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) sul accrued expenses under S	btotals for \$100.)	INCL	JRRED TOTALS \$	0
Total accrued expenses paid this period. (Include all Sche 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 TOTALS \$	0
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	***************************************		NET \$	May be a negative number

Schedule F	Amounts may be round	led		SCHEDULE F (CONT.			
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.		Statement coverage from 07/01/		FORNIA 460		
There is a superior (on paid is sue)			through 12/3	1/2023 Page	14 of17		
NAME OF FILER	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	I.D. NI	JMBER		
Yes on Measure MM - November 2022				1454	794		
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	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (PRT print ads	ns nces earch nessenger services legal, accounting)	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries time and production cosel, lodging, and meals avel, lodging, and meals en committees of the sa	me candidate/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 E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		

SUBTOTALS \$

0 \$

0 \$

0 \$

Schedule G								SCHEDULE (
Payments Made by an Agent or Independer Contractor (on Behalf of This Committee)	n t Amour to	nts may be rou whole dollars		froi	Statement cove 07/01/	•	CALIFOI FORI	RNIA 160
CEE INCEDIGEIONS ON DEVEDES				thre	ough12/3	1/2023	Page 15	5 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBE	R
Yes on Measure MM - November 2022							1454794	
NAME OF AGENT OR INDEPENDENT CONTRACTOR	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
CODES: If one of the following codes accurately describe	es the payment,	you may en	ter the code.	Otherwise	describe the	payment.		
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	PRO professiona PRT print ads	nd appearance nses culating ks survey researd elivery and mes al services (lega	ch ssenger services	RFD SAL TEL TRC TRS TSF VOT	t.v. or cable airt candidate trave staff/spouse tra	outions ers' salaries ime and produc I, lodging, and vel, lodging, and n committees c	ction costs meals nd meals of the same ca	andidate/sponsor ail)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R	DESCRIPTIO	N OF PAYMENT	,		AMOUNT PAID
-								

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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.

Schedule H			ay be rounded le dollars.				vers period	CALIFORN FORM	IIA 460
Loans Made to Others* SEE INSTRUCTIONS ON REVERSE					from throug	h12/	31/2023	Page 16	of 17
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 (FORGIVENES THIS PERIO	SS CLOS	(d) STANDING ANCE AT SE OF THIS ERIOD	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID					CALENDAR YEAR
				\$	_ \$		RATE	\$	\$ PER ELECTION***
		\$	\$	\$	_	ATE DUE	\$	DATE INCURRED	\$
				☐ PAID					CALENDAR YEAR
				\$	_ \$		RATE	\$	\$PER ELECTION**
		\$	\$	\$	_	ATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$ 0	\$	0 \$	0	\$ 0		p , E **
				<u> </u>			(Enter (e) on Schedule I, Line 3)		· · · · · · · · · · · · · · · · · · ·
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loan				••••••	····· <i>·</i> ····	\$	0	_ [**If Required
Payments received on loans (Total Column (c) plus unitemized payments					•••••	\$		_	
3. Net change this period. (Subtract Line 2	2 from Line 1.)				N	ET \$	0	_	
(Enter the net here and on the Summa							ay be a negative numbe)	

Schedule I	Amounts may be rounded		SCHEDULE
Miscellaneous Increases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 460
		from07/01/2023	FORM -TOU
		through 12/31/2023	Page 17 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER	
Yes on Measure MM - November 2022			1454794
DATE FULL NAME AND ADDRESS OF SOU RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBE	IRCE R)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	·		
			*
Attach additional information on appropriately labeled continuation	sheets.	SUBTO	ral \$ 0
Schedule I Summary			
1. Itemized increases to cash this period		\$	0
2. Unitemized increases to cash of under \$100 this period		\$	0
3. Total of all interest received this period on loans made to other	ers. (Schedule H, Column (e).)	\$	0
4. Total miscellaneous increases to cash this period. (Add Lines Summary Page 1 ine 14.)			0