

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

CALIFORNIA **460**  
FORM

Page 1 of 1

For Official Use Only

C-10446

4/27/24  
RECEIVED BY  
LOS ANGELES COUNTY  
APR 30 AM 11:44  
CAMPAIGN FINANCE

Statement covers period  
from 7/1/23  
through 12/31/23

Date of election if applicable  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1346634

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Black Los Angeles Young Democrats

**Treasurer(s)**

NAME OF TREASURER  
Bailey Swain

[Redacted]

PHONE

Los Angeles CA 90025

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90025

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the information attached schedules is true and complete.

Executed on 4/26/2024  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

[Redacted Signature]

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

\_\_\_\_\_  
\_\_\_\_\_

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>July 1, 2023</u>	<b>CALIFORNIA FORM 460</b>
through <u>December 31, 2023</u>	
Page <u>2</u> of _____	
I.D. NUMBER <u>1346634</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Black Los Angeles Young Democrats

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>56,628.85</u>	\$ <u>59,976.85</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>56,628.85</u>	\$ <u>59,976.85</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>56,628.85</u>	\$ <u>59,976.85</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>32,321.13</u>	\$ <u>45,753.35</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>32,321.13</u>	\$ <u>45,753.35</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>32,321.13</u>	\$ <u>45,753.35</u>

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>15179.42</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>56,628.85</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>32,321.13</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>39,487.14</u>

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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

*If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>July 1, 2023</u> through <u>December 31, 2023</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Black Los Angeles Young Democrats</b>	I.D. NUMBER <b>1346634</b>
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9.08.2023	744554 LACDP Los Angeles County Democratic Party Los Angeles, CA90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
10.23.23	National Union of Healthcare Workers #1318200 Sacramento, CA 95815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
9.18.2023	Administrative Services Cooperative, Inc. Gardena, CA 90248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	
9.18.2023	Black Women's Democratic Club #1398863 c/o Political Reporting Plus Inglewood, CA 90301	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
9.18.2023	Lola Smallwood-Cuevas for Senate 2026 #1456867 c/o Political Reporting Plus Inglewood, CA 90301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	

SUBTOTAL \$

**5500**

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 57,310
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1125
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 58,435

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page _____ of _____
I.D. NUMBER <b>1340634</b>	

NAME OF FILER

Black Los Angeles Young Democrats

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9.25.2023	The Lee Andrews Group, Inc. Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
9.25.2023	Planned Parenthood Advocacy Project Los Angeles County Action Fund All Purpose Account #971616 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	
9.26.2023	Tina McKinnor For Assembly 2024 #1456543 c/o Reed & Davidson, LLP Los Angeles, CA 900701	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
9.27.2023	Lenee C. Richards Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Communications Officer Los Angeles County - Supervisor Holly Mitchell	1000	1000	
9.27.2023	Supervisor Holly J. Mitchell Officeholder 2020 #1435302 Sacramento, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	

**SUBTOTAL \$**

**8000**

\*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 A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>July 1, 2023</u> through <u>December 31, 2023</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Black Los Angeles Young Democrats</b>	I.D. NUMBER <b>1346634</b>
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9.29.23	<b>Parking Pros</b> [REDACTED] <b>Westlake Village, CA 91362</b> <b>United State</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150	150	
9.29.23	<b>Los Angeles Sentinel, Inc.</b> <b>Taste of Soul</b> [REDACTED] <b>Los Angeles, CA 90008</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
10.05.23	<b>Dignity CA SEIU Local 2015 #1357256</b> <b>Restricted-Use Account</b> [REDACTED] <b>Los Angeles, CA 90057</b>	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000	10,000	
10.05.23	<b>Service Employees International Union</b> <b>Local 721, CTW, CLC State &amp; Local #743794</b> [REDACTED] <b>Los Angeles, CA 90017</b>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	
10.05.23	<b>Pilipino American Los Angeles Democrats</b> <b>(PALAD) #1421550</b> [REDACTED] <b>Los Angeles, CA 90026</b>	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	

SUBTOTAL \$

14,150

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*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 A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>July 1, 2023</u> through <u>December 31, 2023</u>	<b>CALIFORNIA FORM 460</b>
	Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Black Los Angeles Young Democrats</b>	I.D. NUMBER <b>1346634</b>
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10.10.2023	<b>AFSCME LOCAL 3299 PAC</b> <b>c/o Kaufman Legal Group #1381381</b> [REDACTED] Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	
11.01.2023	<b>Sade Elhawary for Assembly 2024</b> <b>c/o Kaufman Legal Group #1458935</b> [REDACTED] Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
12.04.2023	<b>Karen Bass for Congress</b> <b>FEC ID #C00476523</b> [REDACTED] Washington, DC 20003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
12.19.2023	<b>Nithya Raman For City Council</b> <b>#1459485</b> [REDACTED] Encino, CA 91436-1856	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
12.26.2023	<b>Los Angeles Brotherhood Crusade</b> <b>Black United Fund, Inc.</b> [REDACTED] Los Angeles, CA 90011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	

**SUBTOTAL \$**

**5600**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
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PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
Page _____ of _____		I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10.23.2023	<b>Community Coalition Action Fund c/o Kaufman Legal Group #1407996</b> Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	
10.23.2023	<b>Charity Chandler-Cole</b> Lakewood, CA 90712-2716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO CASA LA	1000	1000	
10.23.2023	<b>Diandra Bremond</b> Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Panel Chair State of CA	1000	1000	
12.04.2023	<b>Triston Eiders</b> Culver City, CA 90230	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Board Member Culver City Unified School District	500	500	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**5000**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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COM – Recipient Committee  
(other than PTY or SCC)  
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**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b> Page _____ of _____
I.D. NUMBER _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9.5.23	Sir Darryn Harris [REDACTED] Jurupa Valley, CA 92509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Advisor US House	500	500	
9.5.23	Mary Lee [REDACTED] Los Angeles, CA 90016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Special Needs Advocate Special Needs Network	110	110	
9.5.23	Jennifer Williams [REDACTED] Los Angeles, CA 90047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant JTMW LLC	225	225	
9.5.23	Pamela Walls [REDACTED] Los Angeles, CA 90036-2957	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher N/A	110	110	
	[REDACTED]	<input type="checkbox"/> SCC				

**SUBTOTAL \$**

1165

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
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**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
Page _____ of _____		I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9.18.23	Maria Brenes Los Angeles, CA 90032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Innercity Struggle	100	100	
9.18.23	Tyrone Nance Los Angeles, CA 90047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director It's bigger than us	330	330	
9.18.23	Michael Colorge VAN NUYS, CA 91405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Product Manager SuppyFrame	225	225	
9.18.23	Kelle Hawkins Los Angeles, CA 90047	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner EKA	220	220	
9.18.23	Benny Blaydes Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Counselor Santa Monica College	110	110	

**SUBTOTAL \$**

**785**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
Page _____ of _____		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9.18.23	Sean Dugar [REDACTED] North Las Vegas, NV 89085	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student None	225	225	
9.18.23	Derek Steele [REDACTED] Inglewood, CA 90302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Social Justice Learning Institute	450	450	
9.18.23	Yusef Andre Wiley [REDACTED] Lancaster, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Timelist, Inc.	225	225	
9.18.23	Kenneth Ahn [REDACTED] Los Angeles, CA 90019	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Casework House of Representatives	225	225	
9.18.23	Erica Lepmann [REDACTED] Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager Qualtrix	220	220	

**SUBTOTAL \$**

**1345**

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9.18.23	Nigel Lifsey Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fund Accountant Post Advisory Group	450	450	
9.18.23	Giovanni Chavez Santa Ana, CA 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Shanley, APC	110	110	
9.18.23	Gabriel Regalado Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scholar-Organizer Social Justice Learning Institute	220	220	
	Cassandra Chase Inglewood, CA 90301	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Community Partners	500	500	
	Konstantine Anthony Burbank, CA 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of Burbank	225	225	
<b>SUBTOTAL \$</b>					<b>1505</b>	

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
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PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
Page _____ of _____		I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10.03.23	Ken Billups Inglewood, CA 90302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP AECOM	220	220	
10.03.23	Shadelyah Edwards Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Edwards Consulting, LLC	110	110	
10.03.23	Brittney Frazier Los Angeles, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director and CEO Noah's Foundation	225	225	
10.03.23	Steven Entezari Los Angeles, CA 90032	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Technical Services, Customer Success Oracle	225	225	
10.03.23	7770992589 Michael Schneider	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	

**SUBTOTAL \$**

**1280**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
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SCC – Small Contributor Committee



# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		Page _____ of _____
NAME OF FILER		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10.03.23	Anissa Raja Laguna Niguel, CA 92677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legislative Director City of Los Angeles	225	225	
10.03.23	Caroline Torosis Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Councilmember City of Santa Monica	725	725	
10.03.23	Kelli Bernard Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner Lighthouse	110	110	
10.03.23	Vincent Jones Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder and CEO Citizen Jones Companies	110	110	
10.03.23	David Price Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	External Affairs Manager McCourt Partners	225	225	

SUBTOTAL \$

1395

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		Page _____ of _____
NAME OF FILER		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Geneva Matthews [REDACTED] Inglewood, CA 90303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Environmental Charter Schools	110		
	Eunisses Hernandez [REDACTED] Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Councilmember City of Los Angeles	220		
	Arthur Calloway [REDACTED], Lancaster, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staff Configuration Analyst Northrop Grumman	2500		
	Jason Park [REDACTED] Sacramento, CA 95811	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Board Member California Democratic Party	110		
	Phillip Ward [REDACTED] Culver City, CA 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Security Specialist AEGIS Security & Investigations, Inc	110		

**SUBTOTAL \$**

**3050**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** \_\_\_\_\_

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       (other than PTY or SCC)  
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# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Kelly Guidry [REDACTED] LOS ANGELES, CA 90047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Billing and Coding Manager KG Health Care Solutions, LLC	110		
	Dominick Correy [REDACTED] Pasadena CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Representative California State Senate	225		
	Mirna Ezquivel [REDACTED] Reseda CA 91335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Deputy City of Los Angeles	110		
	Johnathon Ervin [REDACTED] Palmdale CA 93551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Battle-Tested Strategies, LLC	550		
	Miranda Sheffield [REDACTED] Pomona, CA 91767	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Debt Free Justice Campaign Coordinator National Center for Youth Law	110		

SUBTOTAL \$ 1105

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	DeWayne Davis [REDACTED] Inglewood, CA 90301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director-Secondary Instruction City of Los Angeles	110		
	Droyel Heard [REDACTED] Wilmington, DE 19802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Phase Strategies	500		
	Sanae Ellis-Wiley [REDACTED] LANCASTER, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Owner ToGether Time, LLC	225		
	Leonard Redway [REDACTED] Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner Construction Appeals Board City of Inglewood	110		
	La Dissa Moore [REDACTED] LOS ANGELES, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veterinarian Integrative Veterinary Services, Inc.	110		

SUBTOTAL \$ 1055

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Kirkpatrick Tyler [REDACTED] LOS ANGELES, CA 90006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief of Community and Government Affairs Urban Alchemy	225		4
	JANET DENISE KELLY [REDACTED] LOS ANGELES, CA 90018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder and CEO Sanctuary of Hope	225		
	Edward Anderson [REDACTED] Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pastor McCarty Memorial Christian Church	225		
	Travone Davis [REDACTED] LOS ANGELES, CA 90059	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Criminal Defense Attorney Davis Esquire PC	110		
	Andre Spicer [REDACTED] Compton, CA 90220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilman City of Compton	450		

**SUBTOTAL \$ 1235**

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
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PTY – Political Party  
SCC – Small Contributor Committee

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>July 1, 2023</u>		<b>CALIFORNIA FORM 460</b>
through <u>December 31, 2023</u>		
		Page <u>3</u> of <u>    </u>
NAME OF FILER <b>Black Los Angeles Young Democrats</b>		I.D. NUMBER <b>1346634</b>

SEE INSTRUCTIONS ON REVERSE

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8.02.23	<b>Brittney Frazier</b> [REDACTED] Los Angeles, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>Director and CEO Noah's Foundation</b>	225	225	
8.02.23	<b>Michael Colorge</b> [REDACTED] VAN NUYS, CA 91405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>Product Manager SuppyFrame</b>	225	225	
8.02.23	<b>Shadeiyah Edwards</b> [REDACTED] Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>Consultant Edwards Consulting, LLC</b>	110	110	
8.16.23	<b>Konstantine Anthony</b> [REDACTED] Burbank, CA 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>Councilmember City of Burbank</b>	225	225	
8.16.23	<b>Allen Moret</b> [REDACTED] Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>Special Assistant City of Los Angeles</b>	110	110	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 100
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
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SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER _____

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8.16.23	Shanee McDaniel	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		110	110	
8.16.23	Andre Spicer Compton, CA 90220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilman City of Compton	450	450	
8.16.23	Anna Hollaender Bird Valley Village, CA 91607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Therapist TALK WITH ANNA INDIVIDUAL & MARRIAGE THERAPY, INC.	220	220	
9.05.23	Lanae D Norwood ONTARIO, CA 91761	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO and Principal Consultant L. Norwood & Associates	220	220	
9.05.23	Nigel Lifsey Los Angeles, CA 90043	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fund Accountant Post Advisory Group	450	450	
<b>SUBTOTAL \$</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER _____

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9.05.23	Yusef Andre Wiley Lancaster, CA 93536	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Timelist, Inc.	225	225	
9.05.23	Erica Lienmann Los Angeles, CA 90027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager Qualtryx	220	220	
9.05.23	Jessica Ekong Beaverton Oregon	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Human Resources Officer Providence	220	220	
9.05.23	Danielle Townshend San Bernardino, CA 92406	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder Curls, Coils and Crowns	110	110	
9.05.23	Jorge Nuño Los Angeles, CA, 90007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO SCLA Print	500	500	
<b>SUBTOTAL \$</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/23</u> through <u>12/31/23</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER <u>1340634</u>

NAME OF FILER: Black Los Angeles Young Democrats

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9.08.23	744554 LACDP Los Angeles County Democratic Party Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
9.18.2023	National Union of Healthcare Workers #1318200 Sacramento, CA 95815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	
9.18.2023	Black Women's Democratic Club #1398863 c/o Political Reporting Plus Inglewood, CA 90301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
9.18.2023	Lola Smallwood-Cuevas for Senate 2026 #1456867 c/o Political Reporting Plus Inglewood, CA 90301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
9.15.23	Grassroots Democrats FEC C00707091 Los Angeles CA 90013	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	

**SUBTOTAL \$**

\*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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	[REDACTED]	<input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	[REDACTED]	[REDACTED]		
	[REDACTED]	<input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	[REDACTED]	[REDACTED]		
	Magali Limeta [REDACTED] Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Revenue Cycle Analyst at UCSF Medical Center	110		
	Miya Walker [REDACTED] Inglewood, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director, College Relations, Public Affairs & Governmental Relations at Cerritos College	110		
	Ryan Richard [REDACTED] Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Compliance Analyst Coretelligent	110		

**SUBTOTAL \$ 1055**

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b> Page _____ of _____
I.D. NUMBER _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Adrian Salcedo Los Angeles, CA 90022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Legislative Deputy City of Los Angeles	110		
	Carolyn Fowler Inglewood, CA 90305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Government Affairs Advisor LAUSD BD1	100		
	Lanae D Norwood ONTARIO, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO and Principal Consultant L. Norwood & Associates	220		
	CHINYEREM AMESI HAWTHORNE, CA 90250	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Accounting Consultant Amesi and Associates	110		
	Jessica Ekong Beaverton Oregon	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Human Resources Officer Providence	220		

**SUBTOTAL \$ 760**

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		Page _____ of _____
NAME OF FILER		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Patrice Marshall McKenzie Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief of Staff, Los Angeles Unified School District	110		
	Fernando Ramirez Inglewood, CA 90302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Play Equity Fund	110		
	Fatima Iqbal-Zubair Los Angeles, CA 90024, USA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chair, Progressive Caucus California Democratic Party	110		
	Nithya Raman Los Angeles, CA 91436	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of Los Angeles	225		
	Jorge Nuño Los Angeles, CA, 90007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO SCLA Print	500		
<b>SUBTOTAL \$</b>				<b>1055</b>		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
Page _____ of _____		I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Allen Moret [REDACTED] Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Special Assistant City of Los Angeles	110		
	Anna Hollaender Bird [REDACTED] Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Therapist TALK WITH ANNA INDIVIDUAL & MARRIAGE THERAPY, INC.	220		
	Harold Dickens [REDACTED] Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adjuster, HWD Adjusting Company	225		
	Streets for All	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder and CEO Streets for All	500		
	Tanisha Merriweather [REDACTED] Los Angeles, CA 90008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder, TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM, INC.	110		

**SUBTOTAL \$ 1145**

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
		Page _____ of _____
NAME OF FILER		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Braxton Campbell [REDACTED] Springfield, MA 01105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner for Community Impact, Partners in Democracy	110		
	Marcus Hunter [REDACTED] Los Angeles, CA 90018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor UCLA	110		
	Carissa Smith	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP of Government Relations Fox Corp.	220		
	Patrice Rice [REDACTED] Buena Park, CA 90620	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Account Manager, Uniweb	110		
	Tamara Shepphard [REDACTED] Inglewood, CA 90302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Learning Specialist Cortica	110		

SUBTOTAL \$ 460

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from _____	through _____	
Page _____ of _____		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Ricardo Ortega [REDACTED] Lancaster, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner Los Angeles County	225		
	Danielle Townshend [REDACTED] San Bernardino, CA 92406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder Curis, Coils and Crowns	110		
	Shanee McDaniel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		110		
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 445**

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
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(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b> Page _____ of _____
I.D. NUMBER	

NAME OF FILER

Black Los Angeles Young Democrats

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12.26.2023	Brandon Lamar for Pasadena City Council 2024 Pasadena, CA 91104	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1500	1500	1500
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10.26.2023	Community Coalition #1407996 Los Angeles, CA 90044	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	People Power Progress Awards	750	750	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10.12.2023	Three Hart Connection Lancaster ca 93534	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Thrivers Gala - Dandelion Sponsor	1500	1500	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				

SUBTOTAL \$ 3750

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page _____ of _____
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately 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 others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>TOPSHELFDOLLZ</b> [REDACTED] San Bernardino, CA 92405		<b>Bartenders, Bar set up - for Sneakerball Event</b>	<b>2620</b>
<b>Learie Bain</b> [REDACTED] Los Angeles, CA		<b>Event Marketing Materials - Sneakerball</b>	<b>415</b>
<b>Parking Pros</b> [REDACTED] Westlake Village, CA 91362 United State		<b>Event Logistics - Parking</b>	<b>2542.5</b>
<b>Blossom Valley Floral</b> [REDACTED] Los Angeles, CA 90014 United States		<b>Event Decorations - Florals (Sneakerball)</b>	<b>157.68</b>
<b>LaQuisha Anderson</b> [REDACTED] Compton, CA 90224		<b>Food for Free Community Event - Friendsgiving</b>	<b>340.75</b>

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

**SUBTOTAL \$ 0075.93**

\_\_\_\_\_  
\_\_\_\_\_

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

**CODES:** If one of the following codes accurately 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 others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>Tony Johnson</b> [REDACTED] Los Angeles, CA 90047	FND	Lighting and AV - Sneakerball	350
<b>Christian Green</b> [REDACTED] Lancaster, CA 93534	FND	Ice - Sneakerball	271.08
<b>DoorDash, Inc.</b> [REDACTED] San Francisco, CA 94107		Membership Meeting - Food Delivery	134.9
<b>Brittany McKinley</b> [REDACTED] Marina del Rey, CA 90292		Reimbursement for Event Food	124.98
<b>Smart and Final</b> [REDACTED] Commerce, CA 90040 USA		Food for Community Event - Friendsgiving	270.76

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

**SUBTOTAL \$ 1151.72**

[ ] [ ]



**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page _____ of _____
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately 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 others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>ActBlue Technical Services</b> [REDACTED] Somerville, MA 02144-3132	OFC	<b>Online Fundraising Database Fees</b>	<b>121.92</b>
<b>Eventbrite</b> [REDACTED] San Francisco, CA 94103	FND		<b>1234.43</b>
<b>Glamorous Photobooth</b> [REDACTED] Cerritos, CA 90703		<b>Event Photobooth- Sneakerball</b>	<b>500</b>
<b>Anclia Smith Clay</b> [REDACTED] Compton, CA 90224		<b>Food for Free Community Thanksgiving Event</b>	<b>550</b>
<b>Frances DeLoach</b> [REDACTED] Inglewood, CA 90305		<b>Event Videographer - Sneakerball</b>	<b>800</b>

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

**SUBTOTAL \$ 3200.35**

eventbrite fees  
16,655.09

Description	Summary Amt.
Beginning balance as of 07/01/2023	15179.42
Total credits	56628.85
Total debits	-32321.13
Ending balance as of 12/31/2023	39487.14

Date	Description	Amount	Running Bal.
07/01/2023	Beginning balance as of 07/01/2023		15179.42
<del>07/07/2023</del>	<del>Mailchimp 07/06 PURCHASE 678-9990141 GA DEBIT CARD *3833</del>	<del>-60</del>	<del>15119.42</del>
<del>07/07/2023</del>	<del>Ralph Lauren Corporate 07/06 PURCHASE 888-4757674 NY DEBIT</del>	<del>-150</del>	<del>14969.42</del>
<del>07/14/2023</del>	<del>Zelle Transfer Conf# gzn0b20d5, Designer, Graphic</del>	<del>-395</del>	<del>14574.42</del>
<del>07/17/2023</del>	<del>AMAZON.COM*2Z2D032U3 AM 07/16 PURCHASE AMZN.COM/BI</del>	<del>150</del>	<del>14424.42</del>
<del>07/19/2023</del>	<del>UBER EATS 07/18 PURCHASE HELP.UBER.COM CA DEBIT CARD</del>	<del>-190.21</del>	<del>14234.21</del>
<del>07/19/2023</del>	<del>UBER CALIFCHICKEN 07/18 PURCHASE HELP.UBER.COM CA DEBIT</del>	<del>-33.96</del>	<del>14200.25</del>
<del>07/28/2023</del>	<del>Customer Withdrawal Image</del>	<del>375</del>	<del>13825.25</del>
08/02/2023	Eventbrite, INC. DES:EDI PYMNTS ID:3-68790409 INDN:Zeinab Ell	440.58	14265.81
<del>08/09/2023</del>	<del>PAYPAL *SIOE1PROPER 08/08 PURCHASE 402-935-7733 CA DEBIT</del>	<del>-3450</del>	<del>10815.81</del>
<del>08/16/2023</del>	<del>Eventbrite, INC. DES:EDI PYMNTS ID:3-69941859 INDN:Zeinab Ell</del>	<del>805.85</del>	<del>11621.66</del>
<del>09/05/2023</del>	<del>Eventbrite, INC. DES:EDI PYMNTS ID:3-71438209 INDN:Zeinab Ell</del>	<del>1488.75</del>	<del>13088.41</del>
<del>09/07/2023</del>	<del>SQ *LESS PARTY WITH YEL 09/06 PURCHASE gosq.com CA DEBIT</del>	<del>1530</del>	<del>11558.41</del>
<del>09/08/2023</del>	<del>Counter Credit</del>	<del>1000</del>	<del>12558.41</del>
<del>09/08/2023</del>	<del>Etsy.com - gadgetumshop 09/07 PURCHASE 718-8557955 NY DEBIT</del>	<del>-148.9</del>	<del>12411.51</del>
<del>09/11/2023</del>	<del>SQ *LADYB RENTALS 09/07 PURCHASE gosq.com CA DEBIT CARD</del>	<del>546.5</del>	<del>11865.01</del>
<del>09/11/2023</del>	<del>SQ *FROLIC LLC 09/08 PURCHASE gosq.com CA DEBIT CARD *</del>	<del>82</del>	<del>11784.01</del>
<del>09/15/2023</del>	<del>Mailchimp 09/14 PURCHASE 678-9990141 GA DEBIT CARD *2713</del>	<del>-60</del>	<del>11724.01</del>
<del>09/18/2023</del>	<del>Counter Credit</del>	<del>2500</del>	<del>14224.01</del>
<del>09/18/2023</del>	<del>Counter Credit</del>	<del>1500</del>	<del>15724.01</del>
09/18/2023	Eventbrite, INC. DES:EDI PYMNTS ID:3-72601829 INDN:Zeinab Ell	1161.09	16885.1
09/18/2023	Counter Credit	24.01	16909.11
<del>09/22/2023</del>	<del>Zelle payment to Nakia Mason Conf# 11117rhm7</del>	<del>500</del>	<del>16409.11</del>
<del>09/22/2023</del>	<del>Zelle payment to Blayd performer Conf# pak7nwd4</del>	<del>-1400</del>	<del>15009.11</del>
09/25/2023	BKOFAMERICA ATM 09/24 #000004489 DEPOSIT ALLISON PLAZA	3500	18509.11

<del>09/25/2023</del>	<del>AMZN MKTP US*T11CC7PI2 09/24 PURCHASE SEATTLE WA DEB</del>	<del>-55.33</del>	<del>18453.78</del>
09/25/2023	SQ *TOPSHELFDOLLZ 09/22 PURCHASE gosq.com CA DEBIT CA	-1048	17405.78
09/26/2023	BKOFAMERICA ATM 09/26 #000004943 DEPOSIT ALLISON PLAZA	1000	18405.78
09/27/2023	BKOFAMERICA ATM 09/27 #000005298 DEPOSIT ALLISON PLAZA	2500	20905.78
09/27/2023	BKOFAMERICA ATM 09/27 #000005304 DEPOSIT ALLISON PLAZA	1000	21905.78
09/27/2023	Zelle payment to Learie Bain Conf# g9d5hwk6p	-415	21490.78
<del>09/28/2023</del>	<del>SQ *FROLIC LLC 09/27 PURCHASE gosq.com CA DEBIT CARD</del>	<del>-82</del>	<del>21408.78</del>
<del>09/28/2023</del>	<del>PAYPAL *SIOF4PROPER 09/27 PURCHASE 402-935-7733 CA DEB</del>	<del>-3526.99</del>	<del>17881.79</del>
09/29/2023	BKOFAMERICA ATM 09/29 #000006144 DEPOSIT ALLISON PLAZA	1000	18881.79
09/29/2023	PARKING PROS 09/27 REFUND WESTLAKE VILL CA DEBIT CAR	150	19031.79
09/29/2023	PARKING PROS 09/27 PURCHASE WESTLAKE VILL CA DEBIT C/	-2542.5	16489.29
09/29/2023	BLOSSOM VALLEY FLORAL 09/28 PURCHASE LOS ANGELES CA/	-78.84	16410.45
09/29/2023	SQ *NL FLOWER WHOLESALE 09/28 PURCHASE LOS ANGELES	-19	16391.45
09/29/2023	DESIGNER DIRECT SHOWCAS 09/28 PURCHASE GLASSELL PA	-20	16371.45
09/29/2023	CHOICE AMERICA FLOWER 09/28 PURCHASE LOS ANGELES C/	-68.23	16303.22
09/29/2023	BLOSSOM VALLEY FLORAL 09/28 PURCHASE LOS ANGELES CA/	-78.84	16224.38
09/29/2023	PARADISE GARDENS 09/28 PURCHASE LOS ANGELES CA DEBI	-30	16194.38
09/29/2023	Zelle payment to Tony Johnson Conf# hhl2j9hj3	-350	15844.38
09/29/2023	Zelle payment to LaQuisha Bryant Conf# e5ha9u6wn	-40.75	15803.63
09/29/2023	Zelle payment to Cliff BLAYD Band Conf# abcmf5bbs	-1400	14403.63
09/29/2023	Zelle payment to Christian Green Conf# i3u84atj9	-271.08	14132.55
09/29/2023	Zelle payment to SNEAKERBALL Photobooth Conf# e0ouuarso	-500	13632.55
09/29/2023	Zelle payment to LEROY Conf# e431ub7ij	-1000	12632.55
10/02/2023	TROPHYMASTER 09/25 PURCHASE 310-6706443 CA DEBIT CAR	-608.38	12024.17
10/02/2023	THE HYDRANGEA AND MORE 09/28 PURCHASE 626-3831367 CA/	-67.89	11956.28
10/02/2023	DECOR CENTER LA 09/28 PURCHASE LOS ANGELES CA DEBIT	-31.75	11924.53
10/02/2023	RALPHS #5001 09/28 PURCHASE 866-576-4377 CA DEBIT CARD	-82.44	11842.09
10/02/2023	RALPHS #5001 09/28 PURCHASE 866-576-4377 CA DEBIT CARD	-16.94	11825.15
10/02/2023	STAPLES 00119669 09/29 PURCHASE WOODLAND HILL CA DEB	-14.45	11810.7
<del>10/02/2023</del>	<del>SQ *LADYB RENTALS 09/29 PURCHASE gosq.com CA DEBIT CA</del>	<del>545.5</del>	<del>11265.2</del>
10/02/2023	SQ *OSCAR SIGNS AND GRA 09/29 PURCHASE Los Angeles CA	-26.28	11238.92

10/02/2023	DD DOORDASH PIZZAHUT 09/29 PURCHASE 855-973-1040 CA D	-48.29	11190.63
10/02/2023	SQ *TOPSHELFDOLLZ 09/29 PURCHASE San Bernardin CA DEBI	-1572	9618.63
10/02/2023	Zelle payment to Frances Videographer Conf# etbvmgqyi	-800	8818.63
<del>10/02/2023</del>	<del>Zelle payment to Nakia Mason Conf# gyoo8r475</del>	<del>-500</del>	<del>8318.63</del>
10/03/2023	Eventbrite, INC. DES:EDI PYMNTS ID:3-74142429 INDN:Zeinab Ell	14476.52	22795.15
10/03/2023	DD DOORDASH UBATUBAAC 10/01 PURCHASE 855-973-1040 C/	-37.34	22757.81
10/04/2023	Zelle payment to Brittany McKinley for For Sneakerball Doordash"; C	-124.98	22632.83
10/05/2023	BKOFAMERICA ATM 10/05 #000008126 DEPOSIT ALLISON PLAZA	13000	35632.83
10/10/2023	BKOFAMERICA ATM 10/07 #000009048 DEPOSIT ALLISON PLAZA	2500	38132.83
10/10/2023	ALTA RESTAURANT GROUP - 10/08 PURCHASE LOS ANGELES C	-229.23	37903.6
10/16/2023	GDP*Three Hart Connecti 10/12 PURCHASE 480-5058800 CA DEB	-1500	36403.6
<del>10/16/2023</del>	<del>Mailchimp 10/15 PURCHASE 678-9990144 CA DEBIT CARD *2713</del>	<del>-60</del>	<del>36343.6</del>
10/17/2023	LA CONVENTION CENTER 10/15 PURCHASE LOS ANGELES CA	-25	36318.6
10/23/2023	BKOFAMERICA ATM 10/23 #000005436 DEPOSIT ALLISON PLAZA	4969.02	41287.62
10/26/2023	COMMUNITY COALITION 10/25 PURCHASE YOLANDA@COCOS	-750	40537.62
11/01/2023	BKOFAMERICA ATM 11/01 #000008473 DEPOSIT ALLISON PLAZA	1000	41537.62
<del>11/03/2023</del>	<del>AMAZON.COM*427577UE3 11/02 PURCHASE SEATTLE WA DEBI</del>	<del>-150</del>	<del>41387.62</del>
<del>11/06/2023</del>	<del>AMZN MKTP US*NQ88S91K3 11/02 PURCHASE SEATTLE WA DE</del>	<del>-62.56</del>	<del>41325.06</del>
11/06/2023	Walmart.com 11/02 PURCHASE Bentonville AR DEBIT CARD *2671	-109.26	41215.8
11/06/2023	STARBUCKS 800- 11/04 PURCHASE SEATTLE WA DEBIT CARD *	-20	41195.8
11/06/2023	SMART AND FINA 11/04 PURCHASE LOS ANGELES CA DEBIT CA	-2.73	41193.07
11/06/2023	SQ *GRILLED FRAICHE LLC 11/04 PURCHASE Los Angeles CA D	-118.26	41074.81
11/07/2023	ABM PARKING WORLD TRADE 11/05 PURCHASE LOS ANGELES	-9	41065.81
11/07/2023	ABM PARKING WORLD TRADE 11/05 PURCHASE LOS ANGELES	-9	41056.81
11/09/2023	WESTIN BONAVENTURE PKG 11/06 PURCHASE LOS ANGELES	-11	41045.81
11/09/2023	WESTIN BONAVENTURE PKG 11/06 PURCHASE LOS ANGELES	-11	41034.81
11/10/2023	EVENTBRITE.COM ORG FEE 11/09 PURCHASE HTTPSWWW.EV	-9.99	41024.82
11/13/2023	RALPHS #0 670 11/11 PURCHASE LOS ANGELES CA DEBIT CAR	-66.46	40958.36
11/15/2023	TROPHYMASTER 11/14 PURCHASE 310-6706443 CA DEBIT CAR	-89.57	40868.79
<del>11/16/2023</del>	<del>AMZN MKTP US*X74XP75I3 11/15 PURCHASE SEATTLE WA DEB</del>	<del>-162.58</del>	<del>40706.21</del>
<del>11/16/2023</del>	<del>AMZN MKTP US*NU6M35CV3 11/15 PURCHASE SEATTLE WA DE</del>	<del>-79.35</del>	<del>40626.86</del>

<del>11/16/2023</del>	<del>Mailchimp 11/15 PURCHASE 678-9990141 GA DEBIT CARD *2713</del>	<del>-60</del>	<del>40566.86</del>
11/16/2023	Zelle payment to Anicia Smith Clay for BLAYD Friendsgiving Caterer	-550	40016.86
11/16/2023	SMART AND FINA 11/16 PURCHASE LOS ANGELES CA DEBIT CA	-177.7	39839.16
11/16/2023	STAPLES 1966 11/16 PURCHASE WOODLAND HILL CA DEBIT CA	-12.58	39826.58
11/16/2023	RALPHS #0 2190 11/16 PURCHASE WOODLAND HILL CA DEBIT C	-163	39663.58
11/16/2023	SMART AND FINA 11/16 PURCHASE WOODLAND HIL CA DEBIT C	-90.33	39573.25
11/17/2023	Walmart.com 11/16 PURCHASE Bentonville AR DEBIT CARD *2671	-52.72	39520.53
11/17/2023	SQ *OSCAR SIGNS AND GRA 11/16 PURCHASE Los Angeles CA	-49.61	39470.92
11/17/2023	Zelle payment to Tarrance Johnson for BLAYD Friendsgiving Photog	-200	39270.92
11/20/2023	Zelle payment from LAQUISHA Q BRYANT for over pyament"; Conf#	50	39320.92
11/20/2023	Zelle payment to LaQuisha Bryant Conf# bjzv6a6j1	-300	39020.92
11/21/2023	Zelle payment to HUMBERTO'S CONSTRUCTION GROUP, INC Co	-200	38820.92
11/24/2023	STARBUCKS 800- 11/24 PURCHASE SEATTLE WA DEBIT CARD *	-4.95	38815.97
11/29/2023	STARBUCKS 800- 11/29 PURCHASE SEATTLE WA DEBIT CARD *	-6.65	38809.32
12/04/2023	BKOFAMERICA MOBILE 12/04 3822658279 DEPOSIT *MOBILE CA	1000	39809.32
12/04/2023	BKOFAMERICA MOBILE 12/04 3622069672 DEPOSIT *MOBILE CA	461.04	40270.36
12/04/2023	BKOFAMERICA MOBILE 12/04 3820436864 DEPOSIT *MOBILE CA	4.8	40275.16
<del>12/05/2023</del>	<del>1-800-FLOWERS.COM,INC. 12/04 PURCHASE 800-468-1141 NY E</del>	<del>-168.6</del>	<del>40106.56</del>
12/06/2023	AMEXGIFTCARD.COM-BOL 12/04 PURCHASE 833-205-8622 GA	-52.95	40053.61
12/11/2023	SHANNONS AT THE TOP 12/07 MOBILE PURCHASE LONG BEAC	-20	40033.61
12/11/2023	SHANNONS AT THE TOP 12/07 MOBILE PURCHASE LONG BEAC	-56.41	39977.2
<del>12/11/2023</del>	<del>DD *DOORDASH MIDCITHE 12/08 PURCHASE WWW.DOORDAS</del>	<del>-30.65</del>	<del>39946.55</del>
<del>12/16/2023</del>	<del>Mailchimp 12/15 PURCHASE 678-9990141 GA DEBIT CARD *2713</del>	<del>-60</del>	<del>39886.55</del>
12/19/2023	BKOFAMERICA MOBILE 12/20 3830838290 DEPOSIT *MOBILE CA	100	39986.55
12/21/2023	DD DOORDASH RESTAURAN 12/19 PURCHASE 855-973-1040 C	-18.62	39967.93
12/26/2023	BKOFAMERICA MOBILE 12/24 3635748130 DEPOSIT *MOBILE CA	1000	40967.93
12/26/2023	BKOFAMERICA MOBILE 12/24 3629390829 DEPOSIT *MOBILE CA	19.21	40987.14
12/26/2023	ACTBLUE* BRANDON.LAMAR 12/23 PURCHASE info@actblue. C	-1000	39987.14
12/26/2023	ACTBLUE* BRANDON.LAMAR 12/25 PURCHASE info@actblue. C	-500	39487.14



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/23</u> through <u>12/31/23</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER <u>134 6634</u>

NAME OF FILER  
Black Los Angeles Young Democrats

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9.15.23	David Turner III [REDACTED] Gardena, CA 90247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor UCLA	220	220	
9.15.23	Marissa Roy [REDACTED] Los Angeles CA 90013	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Attorney General California Dep. of Justice	225	225	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$** [REDACTED]

\*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 E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page _____ of _____
	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

**CODES:** If one of the following codes accurately 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 others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/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)

NAME AND ADDRESS OF PAYEE. (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
[REDACTED]			
SUBTOTAL \$			

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>29,990.88</u>
2. Unitemized payments made this period of under \$100	\$ <u>631.07</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>30627.95</u>

\_\_\_\_\_  
\_\_\_\_\_



**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>7/1/23</u> through <u>12/31/23</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER <u>1346634</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Black Los Angeles Young Democrats

**CODES:** If one of the following codes accurately 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 others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/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)           |

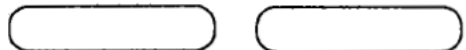
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Eventbrite</u> [REDACTED] <u>San Francisco, CA 94103</u>	<u>FND</u>		<u>262.84</u>
<u>Mailchimp % The Rocket Science LLC</u> [REDACTED] <u>Atlanta GA 30308</u>		<u>membership email communications</u>	<u>300</u>
<u>Ralph Lauren Corporation</u> [REDACTED] <u>NEW YORK, NY 10022</u>		<u>Board member Appreciation</u>	<u>150</u>

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

**SUBTOTAL \$**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
- Unitemized payments made this period of under \$100..... \$ \_\_\_\_\_
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ \_\_\_\_\_
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** \_\_\_\_\_



**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>7/1/23</u> through <u>12/31/23</u>	<b>CALIFORNIA FORM 460</b>
	Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Black Los Angeles Young Democrats

I.D. NUMBER

1346634

**CODES:** If one of the following codes accurately 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 others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/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)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>POORDASH, INC.</u> [REDACTED] <u>SAN FRANCISCO, CA 94107</u>		<u>membership meeting- food delivery</u>	<u>30.65</u>
<u>1-800-FLOWERS.COM INC.</u> [REDACTED] <u>JERICHO, NY 11753</u>		<u>board member sympathy</u>	<u>168.6</u>
<u>Neville Jones</u> [REDACTED] <u>MOUNTAIN VIEW CA 94040</u>		<u>Graphic Designer</u>	<u>395</u>
<u>Amazon.com</u> [REDACTED] <u>Seattle 98109, WA</u>		<u>Board member Appreciation for 2 + Event materials for Friendsgiving + Sneakerball</u>	<u>659.82</u>
<u>Uber Technologies Inc.</u> [REDACTED] <u>SAN FRANCISCO CA 94105</u>		<u>Board meeting food delivery</u>	<u>224.17</u>

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

**SUBTOTAL \$**



**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/23</u> through <u>12/31/23</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER <u>1346634</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Black Los Angeles Young Democrats

**CODES:** If one of the following codes accurately 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 others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/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)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Los Angeles County Registrar Recorder/County Campaign Finance Section Clerk [REDACTED] Norwalk CA		Local filing office penalty fees	375
810F1 Properties [REDACTED] Los Angeles CA 90001		venue deposit + fee - sneakerball	6976.99
Less Party with Yellz [REDACTED] Lakewood CA 90713		event decorations sneakerball	1530
Etsy.com gadgetumshop [REDACTED] Brooklyn NY 11201		volunteer appreciation	146.9
Ladw B Rental [REDACTED] Torrance CA 90502		Event Furniture Rental	1091

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

**SUBTOTAL \$**

\_\_\_\_\_  
\_\_\_\_\_

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

**CALIFORNIA FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

**CODES:** If one of the following codes accurately 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 others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/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)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<p>FRANK L. H.C. [REDACTED] #200-359 Carson CA 90140</p>		event table rental for sneakerball	164
<p>Nakia Mason [REDACTED] Los Angeles CA 90047</p>		event entertainment for sneakerball "Nakia Gold"	1000
<p>Clifford Johnson [REDACTED] Redondo Beach CA 90278</p>		event entertainment liveband sneakerball	2800

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

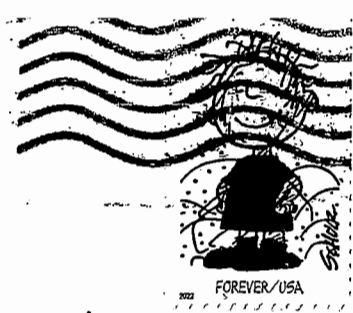
**SUBTOTAL \$**

\_\_\_\_\_  
\_\_\_\_\_

Bailey Swain/Black Los Angeles Young Democrats  
12100 Wilshire Blvd Suite 800  
Los Angeles, CA 90026

SANTA CLARITA CA 913

27 APR 2024 PM 4 L



Los Angeles Registrar-recorder/county clerk  
Campaign finance section  
12400 E. Imperial Highway Room 2003  
Norwalk, CA 90650-3134

90650-835799

