

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

Statement covers period from 04/01/2020 through 06/30/2020

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

Page 1 of 116

For Official Use Only

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Ballot Measure Committee
Primary Formed
Controlled
Sponsored
Primary Formed Candidate/Officeholder Committee

### 2. Type of Statement:

- Pre-election Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER 1403098

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles CA 90017 (213)452-6565

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS (213) 452-6575 / jguard@kaufmanlegalgroup.com

### Treasurer(s)

NAME OF TREASURER Anthony Thigpenn

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles CA 90016 (323) 735-9515

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on DATE By SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page – Part 2**

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)      CITY      STATE      ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME      I.D. NUMBER

NAME OF TREASURER      CONTROLLED COMMITTEE?  
 YES       NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY      STATE      ZIP CODE      AREA CODE/PHONE

COMMITTEE NAME      I.D. NUMBER

NAME OF TREASURER      CONTROLLED COMMITTEE?  
 YES       NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY      STATE      ZIP CODE      AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

The California Schools and Local Communities Funding Act of 2020

BALLOT NO. OR LETTER 15	JURISDICTION Statewide	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD      DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	04/01/2020	
through	06/30/2020	Page 3 of 116
I.D. NUMBER		1403098

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$726,931.55	\$6,672,316.49
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$726,931.55	\$6,672,316.49
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$53,297.25	\$305,654.86
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$780,228.80	\$6,977,971.35

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

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made .....	Schedule E, Line 4	\$1,094,174.84	\$6,404,072.80
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$1,094,174.84	\$6,404,072.80
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$97,269.67	\$264,711.28
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$53,297.25	\$305,654.86
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$1,244,741.76	\$6,974,438.94

## 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 .....	Previous Summary Page, Line 16	\$5,043,598.52
13. Cash Receipts .....	Column A, Line 3 above	\$726,931.55
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$0.00
15. Cash Payments .....	Column A, Line 8 above	\$1,094,174.84
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$4,676,355.23
If this is a termination statement, Line 16 must be zero.		
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$264,711.28

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	04/01/2020	
through	06/30/2020	Page 4 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers	I.D. Number 1403098
--	------------------------

DATE RECEIVED	FULL NAME, MAILING 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)
4/24/2020	Myn Nancy Adess Point Reyes Station, CA 94956	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Myn Nancy Adess Editor	\$100.00	\$100.00	
5/6/2020	Anthony Avila Whittier, CA 90605-1517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$125.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2020	Anthony Avila Whittier, CA 90605-1517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$125.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$718,771.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$8,160.55
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$726,931.55

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
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**CALIFORNIA FORM 460**

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1403098

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6/6/2020	Michael Baldonado South San Francisco, CA 94080-5752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/6/2020	Sherrill Bambauer Redding, CA 96002-9502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sherrill Bambauer Financial Planner	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/29/2020	Greg Bass Woodland, CA 95695-2969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Woodland Joint Unified Teacher	\$50.00	\$100.00	

**SUBTOTAL**

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SCHEDULE A (CONT.)

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**CALIFORNIA FORM 460**

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6/29/2020	Greg Bass Woodland, CA 95695-2969	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Woodland Joint Unified Teacher	\$50.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/13/2020	Steven Birnbaum San Rafael, CA 94901-3565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Birnbaum Lawyer	\$25.00	\$425.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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**CALIFORNIA FORM 460**

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4/26/2020	Steven Birnbaum San Rafael, CA 94901-3565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Birnbaum Lawyer	\$25.00	\$425.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/30/2020	Steven Birnbaum San Rafael, CA 94901-3565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Birnbaum Lawyer	\$25.00	\$425.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/13/2020	Steven Birnbaum San Rafael, CA 94901-3565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Birnbaum Lawyer	\$25.00	\$425.00	

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/26/2020	Steven Birnbaum San Rafael, CA 94901-3565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Birnbaum Lawyer	\$25.00	\$425.00	
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5/30/2020	Steven Birnbaum San Rafael, CA 94901-3565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Birnbaum Lawyer	\$25.00	\$425.00	
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6/26/2020	Steven Birnbaum San Rafael, CA 94901-3565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Birnbaum Lawyer	\$25.00	\$425.00	
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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/8/2020	Luisa Blue Hayward, CA 94544-8269	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Service Employees International Union Executive Officer	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/25/2020	Beverly Blum Stockton, CA 95204-4947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$500.00	\$1,500.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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6/30/2020	Colleen O'Beirne Brydon Malibu, CA 90265-5658	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/30/2020	Chan Zuckerberg Advocacy (Nonprofit 501(c)(4)) Palo Alto, CA 94301-1546 Committee ID: 1405857	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$305,000.00	\$305,000.00	
5/29/2020	Tina Christopulos Los Angeles, CA 90027-1420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tina Christopulos Public Health Consultant	\$50.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number

1403098

DATE RECEIVED	FULL NAME, MAILING 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)
6/30/2020	Tina Christopulos Los Angeles, CA 90027-1420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tina Christopulos Public Health Consultant	\$50.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/18/2020	Steve Clare Venice, CA 90291-3848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$170.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/1/2020	Diana Cohn Sausalito, CA 94965-1360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$500.00	\$1,500.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
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NAME OF FILER

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1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/18/2020	Betsy Cotton Berkeley, CA 94705-1438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Betsy Cotton Nonprofit Management	\$1,000.00	\$1,000.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/13/2020	Aaron Cowdin San Francisco, CA 94116-1330	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Presencelearning Programmer	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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**CALIFORNIA FORM 460**

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6/30/2020	Pk Diffenbaugh Monterey, CA 93940-2511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MPUSD Superintendent	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/24/2020	Sheila Dillman San Francisco, CA 94131-2001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Mateo County Office Of Education Educator	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/14/2020	Rafal Dobrowolski La Jolla, CA 92037-5974	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego Education Association Union Organizer	\$50.00	\$100.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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from 04/01/2020  
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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/2/2020	Rafal Dobrowolski La Jolla, CA 92037-5974	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego Education Association Union Organizer	\$50.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/27/2020	Andrea Dooley Oakland, CA 94618-1752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrea Dooley Arbitrator	\$500.00	\$500.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING 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)
5/1/2020	Tamar Dorfman Oakland, CA 94618-2119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Health Institute Chief Financial Officer	\$25.00	\$160.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/1/2020	Tamar Dorfman Oakland, CA 94618-2119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Health Institute Chief Financial Officer	\$6.00	\$160.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/1/2020	Britt Dowdy Fountain Valley, CA 92708-7121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Newport-Mesa Usd Teacher	\$100.00	\$100.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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from 04/01/2020  
through 06/30/2020

**CALIFORNIA**  
**FORM** **460**

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I.D. Number

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DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/23/2020	Ranney Draper Los Angeles, CA 90042-4212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAUSD Teacher	\$1,000.00	\$1,000.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/13/2020	Joseph Ebin Los Angeles, CA 90020-3942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph Ebin Real Estate	\$50.00	\$300.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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**CALIFORNIA FORM 460**

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5/13/2020	Joseph Ebin Los Angeles, CA 90020-3942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph Ebin Real Estate	\$50.00	\$300.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/13/2020	Joseph Ebin Los Angeles, CA 90020-3942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph Ebin Real Estate	\$50.00	\$300.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/11/2020	Sarah Ellinger Richmond, CA 94804-5326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Juul Inc. Product Manager	\$250.00	\$250.00	

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SCHEDULE A (CONT.)

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**CALIFORNIA FORM 460**

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/29/2020	Joan Emery Berkeley, CA 94703-1116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNCP Genetic Counselor	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/21/2020	Marsha Epstein Los Angeles, CA 90066-1304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$200.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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**CALIFORNIA FORM 460**

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4/13/2020	Nina Fendel Piedmont, CA 94611-4334	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Weinberg Roger Rosenfield And Alset Lawyer-Legal Educator	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/22/2020	Jeanne Finberg Oakland, CA 94610-1733	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/29/2020	Austin Fite Pacific Palisades, CA 90272-1961	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Partners Physician	\$100.00	\$100.00	

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SCHEDULE A (CONT.)

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**CALIFORNIA FORM 460**

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2020	Amy Fitzgerald Oakland, CA 94619-2317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Bay Community Foundation Senior Program Officer	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/30/2020	Richard Flacks Santa Barbara, CA 93101-1109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University Of California Retired Professor	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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SCHEDULE A (CONT.)

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**CALIFORNIA FORM 460**

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4/8/2020	Pam Flynt Tambo Goleta, CA 93117-1929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/8/2020	Pam Flynt Tambo Goleta, CA 93117-1929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/8/2020	Pam Flynt Tambo Goleta, CA 93117-1929	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$100.00	

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DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/1/2020	Benjamin Fortin Oakland, CA 94601-2106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veeva Systems Inc Software Engineer	\$100.00	\$600.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/1/2020	Benjamin Fortin Oakland, CA 94601-2106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veeva Systems Inc Software Engineer	\$100.00	\$600.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number

1403098

DATE RECEIVED	FULL NAME, MAILING 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)
6/1/2020	Benjamin Fortin Oakland, CA 94601-2106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veeva Systems Inc Software Engineer	\$100.00	\$600.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/10/2020	Laurence Frank Venice, CA 90291-4033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Community College District College Administrator	\$500.00	\$950.00	
4/25/2020	Laurence Frank Venice, CA 90291-4033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Community College District College Administrator	\$50.00	\$950.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
5/25/2020	Laurence Frank Venice, CA 90291-4033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Community College District College Administrator	\$50.00	\$950.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/5/2020	Laurence Frank Venice, CA 90291-4033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Community College District College Administrator	\$100.00	\$950.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/25/2020	Laurence Frank Venice, CA 90291-4033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Community College District College Administrator	\$50.00	\$950.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number

1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/14/2020	Heather Furmidge San Francisco, CA 94117-4175	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/30/2020	Edw R Gerber Oakland, CA 94611-1363	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$50.00	\$400.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	04/01/2020	
through	06/30/2020	Page <u>27</u> of <u>116</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers	I.D. Number 1403098
--	------------------------

DATE RECEIVED	FULL NAME, MAILING 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)
6/30/2020	Edw R Gerber Oakland, CA 94611-1363	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$250.00	\$400.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/1/2020	Alexandra Giese San Anselmo, CA 94960-2646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Of Berkeley Waterfront Manager	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/7/2020	Terry Grant Cupertino, CA 95014-2318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$5.00	\$155.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/14/2020	Terry Grant Cupertino, CA 95014-2318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$10.00	\$155.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2020	Terry Grant Cupertino, CA 95014-2318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$15.00	\$155.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

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5/7/2020	Terry Grant Cupertino, CA 95014-2318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$5.00	\$155.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/14/2020	Terry Grant Cupertino, CA 95014-2318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$10.00	\$155.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/20/2020	Terry Grant Cupertino, CA 95014-2318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$15.00	\$155.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/7/2020	Terry Grant Cupertino, CA 95014-2318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$5.00	\$155.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/14/2020	Terry Grant Cupertino, CA 95014-2318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$10.00	\$155.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

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6/20/2020	Terry Grant Cupertino, CA 95014-2318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$15.00	\$155.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/11/2020	Jonee Grassi El Sobrante, CA 94803-3566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/28/2020	Karen Grove Menlo Park, CA 94025-6210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$5,000.00	\$5,000.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
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**CALIFORNIA FORM 460**

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NAME OF FILER

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4/12/2020	Auros Harman San Bruno, CA 94066-4505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tesla Energy Support Engineer	\$25.00	\$225.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/12/2020	Auros Harman San Bruno, CA 94066-4505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tesla Energy Support Engineer	\$25.00	\$225.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/12/2020	Auros Harman San Bruno, CA 94066-4505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tesla Energy Support Engineer	\$25.00	\$225.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

Page 33 of 116

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NAME OF FILER

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2020	William Hebert Oakland, CA 94611-2802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$500.00	\$500.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/14/2020	Karen Hirschfeld La Jolla, CA 92037-7306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Uc San Diego Grant Coordinator	\$150.00	\$150.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING 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)
5/8/2020	Janet Hoy Walnut Creek, CA 94596-5808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$500.00	\$1,000.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/1/2020	Janet Hoy Walnut Creek, CA 94596-5808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$500.00	\$1,000.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/4/2020	Betty Hung Los Angeles, CA 90031-2824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Labor Center Educator	\$200.00	\$200.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/4/2020	Brendan Irvine-Broque Oakland, CA 94602-4142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cavern Studios Inc. CEO	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/1/2020	Corinne Johnson Petaluma, CA 94952-2752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$10.00	\$110.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
5/10/2020	Corinne Johnson Petaluma, CA 94952-2752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$110.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/23/2020	Joe Kahne Oakland, CA 94618-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Health Institute CFO	\$100.00	\$600.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/23/2020	Joe Kahne Oakland, CA 94618-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Health Institute CFO	\$100.00	\$600.00	

**SUBTOTAL**

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

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/23/2020	Joe Kahne Oakland, CA 94618-2006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Health Institute CFO	\$100.00	\$600.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/17/2020	Meredith Kaplan Oakland, CA 94618-1225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$200.00	\$200.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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4/12/2020	Mohammad Kashmiri Sacramento, CA 95811-6914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SEIU Local 1000 Area Coordinator	\$20.00	\$1,111.19	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/12/2020	Mohammad Kashmiri Sacramento, CA 95811-6914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SEIU Local 1000 Area Coordinator	\$20.00	\$1,111.19	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/12/2020	Mohammad Kashmiri Sacramento, CA 95811-6914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SEIU Local 1000 Area Coordinator	\$20.00	\$1,111.19	

**SUBTOTAL**

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/18/2020	Mohammad Kashmiri Sacramento, CA 95811-6914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SEIU Local 1000 Area Coordinator	\$500.00	\$1,111.19	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/18/2020	Mohammad Kashmiri Sacramento, CA 95811-6914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SEIU Local 1000 Area Coordinator	\$480.00	\$1,111.19	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING 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)
4/12/2020	Steve Katz San Leandro, CA 94577-5236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/18/2020	Mary C Kennedy Encino, CA 91436-2402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hollygreen Productions Actress	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/25/2020	Richard Kidd Sierra Madre, CA 91024-2462	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Kidd Psychotherapist	\$50.00	\$175.00	

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	04/01/2020	
through	06/30/2020	Page 41 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers	I.D. Number 1403098
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DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/22/2020	Richard Kidd Sierra Madre, CA 91024-2462	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Kidd Psychotherapist	\$25.00	\$175.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/14/2020	Jerry Kimery Hacienda Heights, CA 91745-3337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino City Unified School District Teacher	\$50.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING 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)
6/14/2020	Jerry Kimery Hacienda Heights, CA 91745-3337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino City Unified School District Teacher	\$50.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2020	Katharine King Santa Monica, CA 90405-2462	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katharine King Concert Producer	\$100.00	\$350.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/13/2020	Kim Klein Oakland, CA 94607-4481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$250.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/8/2020	Theodore Lam El Cerrito, CA 94530-3720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EBMUD Civil Engineer	\$25.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/17/2020	Theodore Lam El Cerrito, CA 94530-3720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EBMUD Civil Engineer	\$25.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

Page 44 of 116

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NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

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6/30/2020	Robert Lehman San Francisco, CA 94112-2522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$500.00	\$500.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/29/2020	Richard Lew Oakland, CA 94608-2301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Compasspoint Manager	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/1/2020	Liberty Hill Foundation Los Angeles, CA 90048-5547	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,000.00	\$282,156.60	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
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**CALIFORNIA FORM 460**

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6/30/2020	Liberty Hill Foundation Los Angeles, CA 90048-5547	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00	\$282,156.60	
5/22/2020	Yehudit Lieberman Pleasant Hill, CA 94523-3951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$104.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/16/2020	Yehudit Lieberman Pleasant Hill, CA 94523-3951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$104.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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5/1/2020	Giovanni Luis Oakland, CA 94610-1840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$75.00	\$275.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/1/2020	Giovanni Luis Oakland, CA 94610-1840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$275.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/3/2020	Eric Mar San Francisco, CA 94121-3245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco State University Professor	\$100.00	\$100.00	

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/29/2020	Nicole Mardesich San Pedro, CA 90731-4004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not-Employed Not-Employed	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/1/2020	Suzanne Marks Los Angeles, CA 90049-3420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$250.00	\$2,750.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
4/23/2020	Barbara Masters Pasadena, CA 91103-3949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barbara Masters Consultant	\$50.00	\$350.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/23/2020	Barbara Masters Pasadena, CA 91103-3949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barbara Masters Consultant	\$50.00	\$350.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/23/2020	Barbara Masters Pasadena, CA 91103-3949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barbara Masters Consultant	\$50.00	\$350.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number

1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/30/2020	Sarah Mccarthy Oakland, CA 94610-2004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/30/2020	Colleen Mccoy-Harley Antioch, CA 94509-6423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AUSD Special Ed Nurse	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
5/21/2020	Danny Montoya San Francisco, CA 94102-7214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Butterfly Joint Teacher	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/15/2020	Mary Morgan Novato, CA 94947-3705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/12/2020	Martin Morgenstern Citrus Heights, CA 95610-2915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$250.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/11/2020	Jael Myrick Richmond, CA 94804-2135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Bay Community Law Center Co-Director Clean Slate Program	\$50.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/11/2020	Jael Myrick Richmond, CA 94804-2135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Bay Community Law Center Co-Director Clean Slate Program	\$50.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	04/01/2020	
through	06/30/2020	Page <u>52</u> of <u>116</u>

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NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers	I.D. Number 1403098
--	------------------------

DATE RECEIVED	FULL NAME, MAILING 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)
4/25/2020	John Nagle Oakland, CA 94611-3161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$135.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/10/2020	John Nagle Oakland, CA 94611-3161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$135.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/21/2020	John Nagle Oakland, CA 94611-3161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$10.00	\$135.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	04/01/2020	
through	06/30/2020	Page <u>53</u> of <u>116</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers	I.D. Number 1403098
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DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/5/2020	John Nagle Oakland, CA 94611-3161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$135.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/11/2020	John Nagle Oakland, CA 94611-3161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$135.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
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4/1/2020	Susan Naranjo Rosemead, CA 91770-2812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cir Seiu Public Affairs Director	\$50.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/1/2020	Susan Naranjo Rosemead, CA 91770-2812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cir Seiu Public Affairs Director	\$50.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/1/2020	Susan Naranjo Rosemead, CA 91770-2812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cir Seiu Public Affairs Director	\$50.00	\$250.00	

**SUBTOTAL**

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

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SCHEDULE A (CONT.)

Statement covers period from <u>04/01/2020</u>	<b>CALIFORNIA FORM 460</b>
through <u>06/30/2020</u>	
Page <u>55</u> of <u>116</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers	I.D. Number 1403098
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DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/16/2020	Joseph Neilly San Francisco, CA 94122-2704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Swinerton Builders Estimator	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/4/2020	New Approach PAC Washington, DC 20036-3522 Committee ID: 1382525	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$50,000.00	
5/1/2020	Deanna Niebuhr Berkeley, CA 94703-1308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partnership For Children & Youth Policy Analyst	\$50.00	\$100.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
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**CALIFORNIA FORM 460**

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/29/2020	Amanda Nottke Venice, CA 90291-5002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amanda Nottke Consultant	\$50.00	\$150.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/29/2020	Amanda Nottke Venice, CA 90291-5002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amanda Nottke Consultant	\$50.00	\$150.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

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6/30/2020	Amanda Nottke Venice, CA 90291-5002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amanda Nottke Consultant	\$50.00	\$150.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/10/2020	Peter Olney San Francisco, CA 94116-2906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/15/2020	Anne Omsted Encinitas, CA 92024-1848	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$150.00	\$450.00	

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

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SEE INSTRUCTIONS ON REVERSE

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I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
4/27/2020	Carol Ono Monterey Park, CA 91754-7107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/4/2020	Nancy Otto San Francisco, CA 94131-2767	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Otto Consultant	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/29/2020	Patricia Page Menlo Park, CA 94025-2663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/11/2020	Lina Paredes Placentia, CA 92870-5022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lina Paredes Consultant	\$100.00	\$300.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/10/2020	Sarah Pillsbury Venice, CA 90291-3420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$275.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
5/10/2020	Sarah Pillsbury Venice, CA 90291-3420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$275.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/31/2020	Sarah Pillsbury Venice, CA 90291-3420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$275.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/10/2020	Sarah Pillsbury Venice, CA 90291-3420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$275.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
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**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2020	Sarah Pillsbury Venice, CA 90291-3420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$275.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/23/2020	Mary Judith Pollock Berkeley, CA 94702-1523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$275.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
4/23/2020	Mary Judith Pollock Berkeley, CA 94702-1523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$275.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/1/2020	Nadia Popyack Moss Beach, CA 94038-9748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/22/2020	Nadia Popyack Moss Beach, CA 94038-9748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$100.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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NAME OF FILER

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I.D. Number  
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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/27/2020	Matt Proud Shoreview, MN 55126-6033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google Software Engineer	\$250.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/8/2020	Helen Raiser San Francisco, CA 94109-1509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Raiser Organization Chairman	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING 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)
4/14/2020	Patricia Reguerin San Jose, CA 95116-2703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Escuela Popular Executive Director	\$80.00	\$480.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/14/2020	Patricia Reguerin San Jose, CA 95116-2703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Escuela Popular Executive Director	\$80.00	\$480.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/14/2020	Patricia Reguerin San Jose, CA 95116-2703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Escuela Popular Executive Director	\$80.00	\$480.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/12/2020	Jeff Reichel Napa, CA 94558-5306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/12/2020	Jeff Reichel Napa, CA 94558-5306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

Page 66 of 116

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NAME OF FILER

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6/12/2020	Jeff Reichel Napa, CA 94558-5306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/18/2020	Ted Rhodes Carpinteria, CA 93013-3022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/30/2020	John Rieder San Diego, CA 92102-2702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southwestern Comm. College District Teacher	\$50.00	\$300.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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**CALIFORNIA FORM 460**

Page 67 of 116

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/30/2020	John Rieder San Diego, CA 92102-2702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southwestern Comm. College District Teacher	\$50.00	\$300.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2020	John Rieder San Diego, CA 92102-2702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southwestern Comm. College District Teacher	\$50.00	\$300.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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**CALIFORNIA FORM 460**

Page 68 of 116

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4/10/2020	Keith Rohman Los Angeles, CA 90013-1234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PII Inc. President	\$250.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/3/2020	Pamela Rood San Diego, CA 92116-4706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$150.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/5/2020	Pamela Rood San Diego, CA 92116-4706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$150.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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**CALIFORNIA FORM 460**

Page 69 of 116

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/3/2020	Pamela Rood San Diego, CA 92116-4706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$150.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/2/2020	David Roos Los Altos Hills, CA 94022-3569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Roos Handyman	\$25.00	\$125.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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       (other than PTY or SCC)  
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Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
5/2/2020	David Roos Los Altos Hills, CA 94022-3569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Roos Handyman	\$25.00	\$125.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/6/2020	David Roos Los Altos Hills, CA 94022-3569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Roos Handyman	\$25.00	\$125.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/17/2020	Frances Roth Palo Alto, CA 94306-3905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
4/17/2020	Dianne Ruyffelaere Berkeley, CA 94708-1603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/13/2020	Nancy Sampson Oakland, CA 94611-5113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$300.00	\$300.00	
5/3/2020	Darryl Sarmiento Rancho Cucamonga, CA 91701-8522	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Communities For A Better Environment Executive Director	\$200.00	\$200.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING 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)
4/23/2020	Maryan Schall Santa Barbara, CA 93108-2037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$1,500.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/23/2020	Maryan Schall Santa Barbara, CA 93108-2037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$1,500.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/23/2020	Maryan Schall Santa Barbara, CA 93108-2037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$1,500.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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NAME OF FILER

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/11/2020	Laura Schleyer Olympia, WA 98506-4775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.Thurston Public Schools Teacher	\$100.00	\$125.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/11/2020	Laura Schleyer Olympia, WA 98506-4775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.Thurston Public Schools Teacher	\$25.00	\$125.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
4/11/2020	Gloria Schoenfeldt Berkeley, CA 94702-2203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berkeley Unified Teacher	\$50.00	\$300.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/11/2020	Gloria Schoenfeldt Berkeley, CA 94702-2203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berkeley Unified Teacher	\$50.00	\$300.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/11/2020	Gloria Schoenfeldt Berkeley, CA 94702-2203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berkeley Unified Teacher	\$50.00	\$300.00	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number

1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/10/2020	Paulamae Schwartz Malibu, CA 90265-5014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chockstone Pictures Producer	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/14/2020	Susan Schwartz Altadena, CA 91001-1455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pasadena Education Network Program Director	\$25.00	\$150.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	04/01/2020	
through	06/30/2020	Page 76 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

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DATE RECEIVED	FULL NAME, MAILING 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)
5/14/2020	Susan Schwartz Altadena, CA 91001-1455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pasadena Education Network Program Director	\$25.00	\$150.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/14/2020	Susan Schwartz Altadena, CA 91001-1455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pasadena Education Network Program Director	\$25.00	\$150.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/19/2020	Cindy Shamban Berkeley, CA 94703-1605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/10/2020	Lou Siegel Los Angeles, CA 90066-7207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Trade Tech College Instructor	\$250.00	\$250.00	
5/1/2020	Margot Smith Berkeley, CA 94709-1491	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/29/2020	Margot Smith Berkeley, CA 94709-1491	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$250.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
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**CALIFORNIA FORM 460**

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/17/2020	Alfre W Spencer Santa Monica, CA 90405-1215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miss Maglashan Prods Actor	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/24/2020	George Spies San Francisco, CA 94102-6390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Topcon Positioning Group Marketing Manager	\$25.00	\$225.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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**CALIFORNIA FORM 460**

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5/24/2020	George Spies San Francisco, CA 94102-6390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Topcon Positioning Group Marketing Manager	\$25.00	\$225.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/24/2020	George Spies San Francisco, CA 94102-6390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Topcon Positioning Group Marketing Manager	\$25.00	\$225.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/2/2020	Roberta Spike Berkeley, CA 94707-2435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$200.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
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**CALIFORNIA FORM 460**

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	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/11/2020	Roberta Spike Berkeley, CA 94707-2435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$200.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/11/2020	Roberta Spike Berkeley, CA 94707-2435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$200.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
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**CALIFORNIA FORM 460**

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NAME OF FILER

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6/11/2020	Roberta Spike Berkeley, CA 94707-2435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$25.00	\$200.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/12/2020	Roberta Spike Berkeley, CA 94707-2435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$50.00	\$200.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/8/2020	Eric Stockel Los Angeles, CA 90049-1235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$650.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number

1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/8/2020	Eric Stockel Los Angeles, CA 90049-1235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$650.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/8/2020	Eric Stockel Los Angeles, CA 90049-1235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$650.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
4/6/2020	Monica Thammarath San Francisco, CA 94107-3687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Teachers Association Manager	\$250.00	\$250.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/29/2020	Dan Thomas Piedmont, CA 94611-4325	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OIS Consultant	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/29/2020	Corey Timpson Lake Elsinore, CA 92530-5669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Innovate Public Schools Organizer	\$100.00	\$100.00	

**SUBTOTAL**

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

Page 84 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2020	Marshall Tuck Los Angeles, CA 90066-1708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marshall Tuck Education Consultant	\$400.00	\$400.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/23/2020	Abel Valenzuela Venice, CA 90291-4515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Professor	\$500.00	\$500.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

Page 85 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
6/6/2020	Mary Jane Wagle Venice, CA 90291-4622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$250.00	\$350.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/11/2020	Warren Watkins Healdsburg, CA 95448-4208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$100.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/27/2020	Yes on EE - Yes on Quality Schools, Sponsored by Labor Organizations Los Angeles, CA 90017-5864 Committee ID: 1416627	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85,000.00	\$85,000.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number

1403098

DATE RECEIVED	FULL NAME, MAILING 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)
5/6/2020	Michael Young San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$200.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/29/2020	Michael Young San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$200.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/8/2020	Paul Zimmerman Los Angeles, CA 90026-1824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$150.00	\$400.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**

Page 87 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. Number  
1403098

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/5/2020	Paul Zimmerman Los Angeles, CA 90026-1824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not-Employed	\$100.00	\$400.00	
	***INTERMEDIARY*** Actblue Somerville, MA 02144-3132	<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$718,771.00

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



**Schedule B - Part 2  
Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>04/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>89</u> of <u>116</u>
NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers	
I.D. Number 1403098	

SEE INSTRUCTIONS ON REVERSE

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	

**SUBTOTAL**

Enter on  
Summary Page,  
Line 17 only.

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>04/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>90</u> of <u>116</u>
I.D. Number 1403098	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/18/2020	Asian Pacific Environmental Network Action Committee Sacramento, CA 95814-4407  Committee ID: 1348995	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Digital and Print Communications	\$1,435.00	\$3,430.00	
6/30/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time	\$13,438.45	\$44,257.70	
5/4/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Webinar Technology	\$280.00	\$44,257.70	
5/5/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Participant Honorarium	\$375.00	\$44,257.70	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$53,297.25

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$53,297.25
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL</b> \$53,297.25

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>04/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1403098	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/5/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Participant Honorarium	\$375.00	\$44,257.70	
5/5/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Participant Honorarium	\$375.00	\$44,257.70	
5/5/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Participant Honorarium	\$375.00	\$44,257.70	
5/7/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Technology Consulting	\$1,000.00	\$44,257.70	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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(other than PTY or SCC)  
OTH - Other  
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# Schedule C Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from <u>04/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1403098	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/8/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Participant Honorarium	\$1,500.00	\$44,257.70	
5/8/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Participant Honorarium	\$1,500.00	\$44,257.70	
5/12/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Spanish Interpreters for Event	\$200.00	\$44,257.70	
5/15/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Food for Event	\$150.00	\$44,257.70	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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# Schedule C Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from <u>04/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1403098	

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NAME OF FILER  
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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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/19/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Testing Service	\$100.00	\$44,257.70	
5/21/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Participant Honorarium	\$1,500.00	\$44,257.70	
6/18/2020	Californians for Justice Education Fund, Inc. San Jose, CA 95133-1741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Participant Honorarium	\$100.00	\$44,257.70	
6/18/2020	Alliance San Diego San Diego, CA 92116-4291	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Online Ad	\$1,243.00	\$4,452.57	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>04/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>94</u> of <u>116</u>
I.D. Number 1403098	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/2020	Chinese Progressive Association Nonprofit 501(c)(3) San Francisco, CA 94133-5025  Committee ID: 1380710	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		TEL	\$3,000.00	\$30,771.62	
6/24/2020	Chinese Progressive Association Nonprofit 501(c)(3) San Francisco, CA 94133-5025  Committee ID: 1380710	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		WEB	\$75.00	\$30,771.62	
6/25/2020	Chinese Progressive Association Nonprofit 501(c)(3) San Francisco, CA 94133-5025  Committee ID: 1380710	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		OFC	\$800.00	\$30,771.62	
6/27/2020	Chinese Progressive Association Nonprofit 501(c)(3) San Francisco, CA 94133-5025  Committee ID: 1380710	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		WEB	\$45.00	\$30,771.62	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>04/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1403098	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2020	Chinese Progressive Association Nonprofit 501(c)(3) San Francisco, CA 94133-5025  Committee ID: 1380710	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses	\$100.00	\$30,771.62	
5/31/2020	Silicon Valley Rising Action In Support of Prop 15 (Nonprofit 501 C4) San Jose, CA 95125-2130  Committee ID: 1427634	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time	\$1,892.30	\$29,822.45	
5/31/2020	Silicon Valley Rising Action In Support of Prop 15 (Nonprofit 501 C4) San Jose, CA 95125-2130  Committee ID: 1427634	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Database Costs	\$46.01	\$29,822.45	
6/30/2020	Silicon Valley Rising Action In Support of Prop 15 (Nonprofit 501 C4) San Jose, CA 95125-2130  Committee ID: 1427634	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time	\$2,980.07	\$29,822.45	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>04/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>96</u> of <u>116</u>
I.D. Number 1403098	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2020	Silicon Valley Rising Action In Support of Prop 15 (Nonprofit 501 C4) San Jose, CA 95125-2130  Committee ID: 1427634	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Database Costs	\$45.22	\$29,822.45	
6/30/2020	Asian Pacific Environmental Network Action Committee Sacramento, CA 95814-4407  Committee ID: 1348995	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Digital and Print Communications	\$1,295.00	\$3,430.00	
6/29/2020	Asian Pacific Environmental Network Action Committee Sacramento, CA 95814-4407  Committee ID: 1348995	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Digital and Print Communications	\$700.00	\$3,430.00	
6/2/2020	Youth Power PAC, Sponsored by PowerPAC Action Oakland, CA 94612-2155  Committee ID: 1332307	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LIT	\$1,645.00	\$41,907.90	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>04/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/9/2020	Liberty Hill Foundation Los Angeles, CA 90048-5547	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time	\$2,787.86	\$282,156.60	
4/23/2020	Liberty Hill Foundation Los Angeles, CA 90048-5547	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time	\$2,787.86	\$282,156.60	
5/7/2020	Liberty Hill Foundation Los Angeles, CA 90048-5547	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time	\$2,787.87	\$282,156.60	
5/21/2020	Liberty Hill Foundation Los Angeles, CA 90048-5547	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time	\$2,787.87	\$282,156.60	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>04/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>98</u> of <u>116</u>
I.D. Number 1403098	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/4/2020	Liberty Hill Foundation Los Angeles, CA 90048-5547	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time	\$2,787.87	\$282,156.60	
6/18/2020	Liberty Hill Foundation Los Angeles, CA 90048-5547	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time	\$2,787.87	\$282,156.60	
		<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					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$53,297.25

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA  
FORM 460**

Page 99 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. NUMBER  
1403098

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)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				

**SUBTOTAL**

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \_\_\_\_\_
2. Unitemized contributions and independent expenditures made this period of under \$100 ..... \_\_\_\_\_
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \_\_\_\_\_

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	04/01/2020	
through	06/30/2020	Page 100 of 116
NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers		I.D. NUMBER 1403098

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. NUMBER  
1403098

**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, email)            |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mohammad Kashmiri Sacramento, CA 95811-6914	RFD		\$500.00
Anoki Casey San Diego, CA 92103-4525	LIT		\$135.00
Gretchen Goetz Santa Monica, CA 90405-2611	LIT		\$2,080.00

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

**SUBTOTAL**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$1,094,174.84
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$1,094,174.84

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>04/01/2020</u>		
through <u>06/30/2020</u>		Page <u>101</u> of <u>116</u>
NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers		I.D. NUMBER 1403098

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. NUMBER  
1403098

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Raul Barrera Alhambra, CA 91803-2703	PRO			\$431.52
2020 Ballcamp Calabasas, CA 91302-1952	PET			\$1,165.85
Actblue Somerville, MA 02144-3132	OFC			\$1,576.45
AKPD Message & Media Chicago, IL 60654-7205		TEL/WEB		\$155,571.66
Blue Sky Consulting Group Oakland, CA 94612-4713	CNS			\$77,061.10

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

**SUBTOTAL**

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>04/01/2020</u>		
through <u>06/30/2020</u>		Page <u>102</u> of <u>116</u>
NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers		I.D. NUMBER 1403098

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. NUMBER  
1403098

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Countable Corporation Oakland, CA 94611-5378	WEB		\$798.00
David Binder Research San Francisco, CA 94102-5975	POL		\$234,000.00
Ground Works Campaigns, Inc. Sacramento, CA 95815-4404		Field Program Salary & Expenses	\$225,000.00
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO		\$23,137.50
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	OFC		\$542.99

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

**SUBTOTAL**

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	04/01/2020	
through	06/30/2020	Page 103 of 116
NAME OF FILER Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers		I.D. NUMBER 1403098

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. NUMBER  
1403098

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- |   |   |   |
|---|---|---|
| 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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lenny Goldberg & Associates Portland, OR 97212-1512	CNS		\$20,000.00
Nesbitt & Parrinello, Inc. Alexandria, VA 22309-2806	CNS		\$18,240.00
NGP Van Washington, DC 20005-2158	OFC		\$2,985.00
Saguaro Strategies, LLC Berkeley, CA 94704-1026	WEB		\$278,000.00
The Strategy Group, LLC Chicago, IL 60654-7205	LIT		\$52,949.77

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

**SUBTOTAL** \$1,094,174.84

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>04/01/2020</u>	
through <u>06/30/2020</u>	Page <u>104</u> of <u>116</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

**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, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Raul Barrera Alhambra, CA 91803-2703	PRO	\$431.52	\$0.00	\$431.52	\$0.00
David Binder Research San Francisco, CA 94102-5975	POL	\$95,000.00	\$0.00	\$95,000.00	\$0.00
Saguaro Strategies, LLC Berkeley, CA 94704-1026	WEB	\$70,000.00	\$0.00	\$70,000.00	\$0.00

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

**SUBTOTALS**

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.).....	<b>INCURRED TOTALS</b> \$262,701.19
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).....	<b>PAID TOTALS</b> \$165,431.52
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....	<b>NET</b> \$97,269.67 May be a negative number.

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**  
Page 105 of 116  
I.D. NUMBER  
1403098

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

**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, email)            |

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AKPD Message & Media Chicago, IL 60654-7205	TEL/WEB	\$0.00	\$138,500.00	\$0.00	\$138,500.00
Countable Corporation Oakland, CA 94611-5378	WEB	\$0.00	\$399.00	\$0.00	\$399.00
Pacific Printing San Jose, CA 95110-3618	LIT	\$2,010.09	\$0.00	\$0.00	\$2,010.09
Pacific Printing San Jose, CA 95110-3618	LIT	\$0.00	\$1,072.55	\$0.00	\$1,072.55

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**  
Page 106 of 116  
I.D. NUMBER  
1403098

NAME OF FILER  
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**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, email)            |

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Nesbitt & Parrinello, Inc. Alexandria, VA 22309-2806	CNS	\$0.00	\$9,120.00	\$0.00	\$9,120.00
David Binder Research San Francisco, CA 94102-5975	POL POL	\$0.00	\$72,500.00	\$0.00	\$72,500.00
Laura Ruiz Richmond, CA 94804-4458	LIT	\$0.00	\$150.00	\$0.00	\$150.00
Blue Sky Consulting Group Oakland, CA 94612-4713	CNS	\$0.00	\$40,959.64	\$0.00	\$40,959.64
<b>SUBTOTALS</b>		\$167,441.61	\$262,701.19	\$165,431.52	\$264,711.28

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded to whole dollars.

Statement covers period  
 from 04/01/2020  
 through 06/30/2020

**CALIFORNIA FORM 460**  
 Page 107 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. NUMBER  
 1403098

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AKPD Message & Media

**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, email)            |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Extreme Reach Talent, Inc Chicago, IL 60673-1285	SAL			\$760.33
Shutterstock Inc New York, NY 10004-2322	WEB			\$1,200.00
Pond5 New York, NY 10010-7302	WEB			\$626.00
Pond5 New York, NY 10010-7302	WEB			\$699.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3285.33

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded to whole dollars.

Statement covers period  
 from 04/01/2020  
 through 06/30/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. NUMBER  
 1403098

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AKPD Message & Media

**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, email)            |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data, Inc Norwalk, CA 90650-8352			Voter Data	\$23,418.50
Getty Images Los Angeles, CA 90048-5227	WEB			\$750.00
Facebook Menlo Park, CA 94025-1452	WEB			\$19,500.00
Extreme Reach Talent, Inc Chicago, IL 60673-1285	SAL			\$760.33

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$44428.83

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
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Statement covers period  
 from 04/01/2020  
 through 06/30/2020

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NAME OF FILER

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I.D. NUMBER  
 1403098

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AKPD Message & Media

**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, email)            |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Extreme Reach Talent, Inc Chicago, IL 60673-1285	SAL			\$14,560.09
Earhole Chicago, IL 60654-8173	TEL			\$3,560.00
Amobee Baltimore, MD 21230-4769		TEL/WEB		\$44,500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$62620.09

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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Statement covers period  
 from 04/01/2020  
 through 06/30/2020

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I.D. NUMBER  
 1403098

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Ground Works Campaigns, Inc.

**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, email)            |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Airbnb San Francisco, CA 94103-4928			Field Program Expenses	\$1,170.99
Info Ak, Inc. Los Angeles, CA 90034-2753			Field Program Expenses	\$12,000.00
Jacob Properties, LLC, Los Angeles, CA 90014-2905			Field Program Expenses	\$12,222.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$25392.99

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded to whole dollars.

Statement covers period  
 from 04/01/2020  
 through 06/30/2020

**CALIFORNIA FORM 460**  
 Page 111 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. NUMBER  
 1403098

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Saguaro Strategies, LLC

**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, email)            |

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook Menlo Park, CA 94025-1452	WEB			\$167,200.00
Politico, LLC Arlington, VA 22209-3927		PRT/WEB		\$12,000.00
The Sacramento Bee Sacramento, CA 95816-6899		PRT/WEB		\$6,962.32
Adobe San Jose, CA 95110-2704	WEB			\$35,037.64

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$221199.96

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**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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Statement covers period  
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 through 06/30/2020

**CALIFORNIA FORM 460**  
 Page 112 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. NUMBER  
 1403098

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Saguaro Strategies, LLC

**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, email)            |

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Semcasting North Andover, MA 01845-2637	WEB			\$2,000.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2000.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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Statement covers period  
 from 04/01/2020  
 through 06/30/2020

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NAME OF FILER

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I.D. NUMBER  
 1403098

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Strategy Group, LLC

**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, email)            |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Continental Colorcraft Monterey Park, CA 91754	LIT			\$2,590.88
Cornerstone Printing Inc. Novato, CA 94949-6085	LIT			\$11,726.71
Cornerstone Printing Inc. Novato, CA 94949-6085	LIT			\$17,493.11
Cornerstone Printing Inc. Novato, CA 94949-6085	LIT			\$17,261.58

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$49072.28

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded to whole dollars.

Statement covers period  
 from 04/01/2020  
 through 06/30/2020

**CALIFORNIA FORM 460**  
 Page 114 of 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. NUMBER  
 1403098

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Strategy Group, LLC

**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, email)            |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cornerstone Printing Inc. Novato, CA 94949-6085	LIT			\$3,877.49

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3877.49

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H –  
Loans Made to Others\***

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA FORM 460**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		_____ CALENDAR YEAR  _____ PER ELECTION**
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		_____ CALENDAR YEAR  _____ PER ELECTION**
		<b>SUBTOTALS</b>						

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

**Schedule H Summary**

- Loans made this period ..... \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans ..... \_\_\_\_\_  
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

\*\* If Required

**Schedule I  
Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 04/01/2020  
through 06/30/2020

**CALIFORNIA  
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 15 - Schools and Communities First sponsored by a Coalition of Labor Groups and Social Justice Organizations Representing Families, Students and Essential Workers

I.D. NUMBER  
1403098

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$0.00

**Schedule I Summary**

- 1. Increases to cash of \$100 or more this period..... \$0.00
- 2. Unitemized increases to cash under \$100 this period..... \$0.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$0.00