

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

U.S. Department of Labor  
Office of Labor-Management Standards  
Washington, DC 20210

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved  
Office of Management and Budget  
No. 1245-0003  
Expires: 08-31-2026

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
For Official Use Only	1. FILE NUMBER 545-348	2. PERIOD COVERED From 01/01/2024 Through 12/31/2024	3. (a) AMENDED - Is this an amended report: (b) HARDSHIP - Filed under the hardship procedures: (c) TERMINAL - This is a terminal report:
			No No No
4. AFFILIATION OR ORGANIZATION NAME SERVICE EMPLOYEES		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NBR 2015	First Name DAVID Last Name WERLIN
7. UNIT NAME (if any) SEIU LOCAL 2015		P.O Box - Building and Room Number	
9. Are your organization's records kept at its mailing address?		Number and Street 2910 BEVERLY BOULEVARD	
Yes		City LOS ANGELES	
		State CA	ZIP Code + 4 900571003

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section VI on penalties in the instructions.)

70. SIGNED: Arnulfo De La Cruz	PRESIDENT	71. SIGNED: Kimberly Evon	TREASURER
Date: Mar 27, 2025	Telephone Number: 213-985-0424	Date: Mar 27, 2025	Telephone Number: 213-248-7169

Name and Address (A)				
CENTRAL COAST LABOR COUNCIL				
816 CAMARILLO SPRINGS RD N CAMARILLO CA 93012		Purpose (C)	Date (D)	Amount (E)
		Total Itemized Transactions with this Payee/Payer		\$0
		Total Non-Itemized Transactions with this Payee/Payer		\$6,300
		Total of All Transactions with this Payee/Payer for This Schedule		\$6,300
Type or Classification (B)				
LABOR UNION				
Name and Address (A)				
CHIRLA				
2533 W 3RD ST #101 LOS ANGELES CA 90057		Purpose (C)	Date (D)	Amount (E)
		CONTRIBUTION		04/19/2024
		Total Itemized Transactions with this Payee/Payer		\$5,000
		Total Non-Itemized Transactions with this Payee/Payer		\$0
		Total of All Transactions with this Payee/Payer for This Schedule		\$5,000
Type or Classification (B)				
NON PROFIT ORGANIZATION				
Name and Address (A)				
CITY OF LONG BEACH				
411 W. OCEAN BLVD 3RD FLOOR LONG BEACH CA 90802		Purpose (C)	Date (D)	Amount (E)
		CONTRIBUTION - ANNUAL JAZZ FESTIVAL		07/08/2024
		Total Itemized Transactions with this Payee/Payer		\$7,500
		Total Non-Itemized Transactions with this Payee/Payer		\$0
		Total of All Transactions with this Payee/Payer for This Schedule		\$7,500
Type or Classification (B)				
CITY GOVERNMENT				
Name and Address (A)				
CLERGY AND LAITY UNITES FOR ECONOMIC JUSTICE				
464 LUCAS AVE #202 LOS ANGELES CA 90017		Purpose (C)	Date (D)	Amount (E)
		CONTRIBUTION - GIANTS OF JUSTICE AWARDS		05/22/2024
		Total Itemized Transactions with this Payee/Payer		\$5,000
		Total Non-Itemized Transactions with this Payee/Payer		\$0
		Total of All Transactions with this Payee/Payer for This Schedule		\$5,000
Type or Classification (B)				
NON PROFIT ORGANIZATION				
Name and Address (A)				
COMMUNITY BUILD INCORPORATED				
8101 VERMONT AVE LOS ANGELES CA 90044		Purpose (C)	Date (D)	Amount (E)
		CONTRIBUTION		10/08/2024
		Total Itemized Transactions with this Payee/Payer		\$7,500
		Total Non-Itemized Transactions with this Payee/Payer		\$0
		Total of All Transactions with this Payee/Payer for This Schedule		\$7,500
Type or Classification (B)				
NON PROFIT ORGANIZATION				

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Office of Labor-Management Standards  
Washington, DC 20210

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Form Approved  
Office of Management and Budget  
No. 1245-0003  
Expires: 01-31-2025

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
For Official Use Only	1. FILE NUMBER 545-348	2. PERIOD COVERED From 01/01/2022 Through 12/31/2022	3. (a) AMENDED - Is this an amended report: (b) HARDSHIP - Filed under the hardship procedures: (c) TERMINAL - This is a terminal report:	No No No
4. AFFILIATION OR ORGANIZATION NAME SERVICE EMPLOYEES			8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION			6. DESIGNATION NBR 2015	First Name DERECK
7. UNIT NAME (if any) SEIU LOCAL 2015			Last Name SMITH	
			P.O Box - Building and Room Number	
9. Are your organization's records kept at its mailing address?			Yes	
			Number and Street 2910 BEVERLY BOULEVARD	
			City LOS ANGELES	
			State CA	ZIP Code + 4 900571003

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)

70. SIGNED: Arnulfo De La Cruz	PRESIDENT	71. SIGNED: Dereck Smith	TREASURER
Date: Mar 28, 2023	Telephone Number: 213-985-0424	Date: Mar 28, 2023	Telephone Number: 213-985-0384

Name and Address (A)			
CARA PO BOX 23754 1675 7TH ST OAKLAND CA 94623	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)	CONTRIBUTION	02/11/2022	\$5,000
NON PROFIT ORGANIZATION	Total Itemized Transactions with this Payee/Payer		\$5,000
	Total Non-Itemized Transactions with this Payee/Payer		\$500
	Total of All Transactions with this Payee/Payer for This Schedule		\$5,500
Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
CENTER FOR CAREGIVER ADVANCEMENT	CONTRIBUTION	03/01/2022	\$113,000
2910 BEVERLY BLVD	CONTRIBUTION	03/08/2022	\$56,500
LOS ANGELES	CONTRIBUTION	04/12/2022	\$56,500
CA	CONTRIBUTION	05/17/2022	\$56,500
90057	CONTRIBUTION	06/07/2022	\$56,500
Type or Classification (B)	CONTRIBUTION	07/14/2022	\$56,500
EDUCATION CENTER	CONTRIBUTION	08/09/2022	\$56,500
	CONTRIBUTION	09/07/2022	\$56,500
	CONTRIBUTION	10/12/2022	\$56,500
	CONTRIBUTION	11/01/2022	\$56,500
	CONTRIBUTION	12/07/2022	\$56,500
	Total Itemized Transactions with this Payee/Payer		\$678,000
	Total Non-Itemized Transactions with this Payee/Payer		\$0
	Total of All Transactions with this Payee/Payer for This Schedule		\$678,000
Name and Address (A)			
CHARITABLE FUND BENEFITTING GARDENA	Purpose (C)	Date (D)	Amount (E)
1670 WEST 162ND ST.	CONTRIBUTION	08/05/2022	\$9,000
GARDENA	Total Itemized Transactions with this Payee/Payer		\$9,000
CA	Total Non-Itemized Transactions with this Payee/Payer		\$0
90247	Total of All Transactions with this Payee/Payer for This Schedule		\$9,000
Type or Classification (B)			
NON PROFIT ORGANIZATION			
Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
CHIRLA	CONTRIBUTION	08/26/2022	\$10,000
2533 W 3RD STREET	CONTRIBUTION	03/18/2022	\$5,000
LOS ANGELES	Total Itemized Transactions with this Payee/Payer		\$15,000
CA	Total Non-Itemized Transactions with this Payee/Payer		\$0
90057	Total of All Transactions with this Payee/Payer for This Schedule		\$15,000
Type or Classification (B)			
NON PROFIT ORGANIZATION			
Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
CICA	CONTRIBUTION	10/25/2022	\$5,000
181 ANNE WAY	Total Itemized Transactions with this Payee/Payer		\$5,000
LOS GATOS	Total Non-Itemized Transactions with this Payee/Payer		\$0
CA	Total of All Transactions with this Payee/Payer for This Schedule		\$5,000
95032			
Type or Classification (B)			
NON PROFIT ORGANIZATION			

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Washington, DC 20210

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Office of Management and Budget  
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For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED - Is this an amended report:	No
	545-348	From 01/01/2021	(b) HARDSHIP - Filed under the hardship procedures:	No
		Through 12/31/2021	(c) TERMINAL - This is a terminal report:	No

[illegible]

70. SIGNED: April D Verrett		PRESIDENT		71. SIGNED: Dereck Smith		TREASURER	
Date:	Mar 29, 2022	Telephone Number:	213-985-0392	Date:	Mar 29, 2022	Telephone Number:	213-985-0384

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
CALIFORNIA LONG TERM CARE EDUCATION CENTER	CONTRIBUTION	09/14/2021	\$113,000
2910 BEVERLY BLVD	CONTRIBUTION	03/15/2021	\$56,500
LOS ANGELES	CONTRIBUTION	12/15/2021	\$56,500
CA	CONTRIBUTION	05/19/2021	\$56,500
90057	CONTRIBUTION	06/04/2021	\$56,500
Type or Classification (B)	CONTRIBUTION	02/28/2021	\$113,000
EDUCATION CENTER	CONTRIBUTION	11/16/2021	\$113,000
		08/16/2021	\$113,000
	Total Itemized Transactions with this Payee/Payer		\$678,000
	Total Non-Itemized Transactions with this Payee/Payer		\$0
	Total of All Transactions with this Payee/Payer for This Schedule		\$678,000
Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
CAPITAL AND MAIN			
1920 W SUNSET BLVD STE 740	CONTRIBUTION	02/15/2021	\$30,000
LOS ANGELES	CONTRIBUTION	11/29/2021	\$30,000
CA	Total Itemized Transactions with this Payee/Payer		\$60,000
90026	Total Non-Itemized Transactions with this Payee/Payer		\$0
Type or Classification (B)	Total of All Transactions with this Payee/Payer for This Schedule		\$60,000
NON PROFIT PUBLICATION			
Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
CAUSE			
2021 SPERRY AVE #9	Total Itemized Transactions with this Payee/Payer		
VENTURA	Total Non-Itemized Transactions with this Payee/Payer		\$5,000
CA	Total of All Transactions with this Payee/Payer for This Schedule		\$5,000
93003			
Type or Classification (B)			
NON PROFIT ORGANIZATION			
Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
CHIRLA			
2533 W 3RD STREET	SPONSORSHIP - 35 YEAR CELEBRATION	09/24/2021	\$20,000
LOS ANGELES	Total Itemized Transactions with this Payee/Payer		\$20,000
CA	Total Non-Itemized Transactions with this Payee/Payer		\$1,000
90057	Total of All Transactions with this Payee/Payer for This Schedule		\$21,000
Type or Classification (B)			
NON PROFIT ORGANIZATION			
Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
COMMUNITY COALITION			
8101 S VERMONT AVE	SPONSORSHIP - 2021 PEOPLE POWER EVENT	11/19/2021	\$25,000
LOS ANGELES	Total Itemized Transactions with this Payee/Payer		\$25,000
CA	Total Non-Itemized Transactions with this Payee/Payer		\$0
90044	Total of All Transactions with this Payee/Payer for This Schedule		\$25,000
Type or Classification (B)			
NON PROFIT ORGANIZATION			

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		From 01/01/2020	(b) HARDSHIP - Filed under the hardship procedures:	No
		Through 12/31/2020	(c) TERMINAL - This is a terminal report:	No

[illegible]

70. SIGNED: April D Verrett		PRESIDENT		71. SIGNED: Dereck Smith		TREASURER	
Date:	Mar 30, 2021	Telephone Number:	213-985-0392	Date:	Mar 30, 2021	Telephone Number:	213-985-0384

Name and Address (A)			
CHIRLA	Purpose (C)	Date (D)	Amount (E)
2533 W 3RD STREET	2020 PIONEER SPONSORSHIP	09/27/2020	\$10,000
LOS ANGELES	Total Itemized Transactions with this Payee/Payer		\$10,000
CA	Total Non-Itemized Transactions with this Payee/Payer		\$0
90057	Total of All Transactions with this Payee/Payer for This Schedule		\$10,000
Type or Classification (B)			
NON PROFIT ORGANIZATION			
Name and Address (A)			
COMMITTEE OF CORECA	Purpose (C)	Date (D)	Amount (E)
6230 WILSHIRE BLVD 835-A	CONTRIBUTION - MLK EVENT	01/10/2020	\$7,000
LOS ANGELES	Total Itemized Transactions with this Payee/Payer		\$7,000
CA	Total Non-Itemized Transactions with this Payee/Payer		\$2,000
90010	Total of All Transactions with this Payee/Payer for This Schedule		\$9,000
Type or Classification (B)			
NON PROFIT ORGANIZATION			
Name and Address (A)			
COMMUNITY COALITION	Purpose (C)	Date (D)	Amount (E)
8101 S VERMONT AVE	CONTRIBUTION - 2020 PEOPLE PROGRESS	10/12/2020	\$30,000
LOS ANGELES	CONTRIBUTION - MEAL SUPPORT FOR SENIORS	04/12/2020	\$5,000
CA	Total Itemized Transactions with this Payee/Payer		\$35,000
90044	Total Non-Itemized Transactions with this Payee/Payer		\$1,000
Type or Classification (B)	Total of All Transactions with this Payee/Payer for This Schedule		\$36,000
NON PROFIT ORGANIZATION			
Name and Address (A)			
COMMUNITY PARTNERS FOR LA BLACK WORKER CENTER	Purpose (C)	Date (D)	Amount (E)
1000 N ALAMEDA STREET #240	SPONSORSHIP - 10 YEAR ANNIVERSARY	02/28/2020	\$10,000
LOS ANGELES	CONTRIBUTION	08/17/2020	\$10,000
CA	Total Itemized Transactions with this Payee/Payer		\$20,000
90012	Total Non-Itemized Transactions with this Payee/Payer		\$0
Type or Classification (B)	Total of All Transactions with this Payee/Payer for This Schedule		\$20,000
NON PROFIT ORGANIZATION			
Name and Address (A)			
CONTRA COSTA LABOR TO LABOR	Purpose (C)	Date (D)	Amount (E)
P.O. BOX 389	CONTRIBUTION - DINNER EVENT	06/25/2020	\$5,000
MARTINEZ	CONTRIBUTION - SUMMER AWARD DINNER	07/09/2020	\$5,000
CA	Total Itemized Transactions with this Payee/Payer		\$10,000
94553	Total Non-Itemized Transactions with this Payee/Payer		\$0
Type or Classification (B)	Total of All Transactions with this Payee/Payer for This Schedule		\$10,000
FUNDRAISERS			



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Form Approved  
Office of Management and Budget  
No. 1245-0003  
Expires: 09-30-2021

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
For Official Use Only	1. FILE NUMBER 543-613	2. PERIOD COVERED From 01/01/2019 Through 12/31/2019	3. (a) AMENDED - Is this an amended report: No
			(b) HARDSHIP - Filed under the hardship procedures: No
			(c) TERMINAL - This is a terminal report: No
4. AFFILIATION OR ORGANIZATION NAME SERVICE EMPLOYEES		8. MAILING ADDRESS (Type or print in capital letters)	
		First Name ROBERT	Last Name SCHOONOVER
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NBR 721	
7. UNIT NAME (if any)		P.O Box - Building and Room Number SUITE 100	
		Number and Street 1545 WILSHIRE BOULEVARD	
9. Are your organization's records kept at its mailing address? Yes		City LOS ANGELES	
		State CA	ZIP Code + 4 90017

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)

70. SIGNED: Robert L Schoonover	PRESIDENT	71. SIGNED: David A Green	TREASURER
Date: Mar 29, 2020	Telephone Number: 213-368-8632	Date: Mar 29, 2020	Telephone Number: 213-448-3131

Name and Address (A)			
CALIFORNIA SIGHT SEERS, INC	Purpose (C)	Date (D)	Amount (E)
7614 PACIFIC BLVD	CARAVAN TO TIJUANA - TRANSPORTATION SVCS	01/10/2019	\$7,350
HUNTINGTON PARK	Total Itemized Transactions with this Payee/Payer		\$7,350
CA	Total Non-Itemized Transactions with this Payee/Payer		\$0
90255	Total of All Transactions with this Payee/Payer for This Schedule		\$7,350
Type or Classification (B)			
TRANSPORTATION COMPANY			
Name and Address (A)			
CARECEN	Purpose (C)	Date (D)	Amount (E)
2845 WEST SEVENTH ST	CONTRIBUTION	10/17/2019	\$10,000
LOS ANGELES	Total Itemized Transactions with this Payee/Payer		\$10,000
CA	Total Non-Itemized Transactions with this Payee/Payer		\$0
90005-3907	Total of All Transactions with this Payee/Payer for This Schedule		\$10,000
Type or Classification (B)			
NON-PROFIT ORGANIZATION			
Name and Address (A)			
CHEVRON	Purpose (C)	Date (D)	Amount (E)
RANCHO CUCAMONGA	Total Itemized Transactions with this Payee/Payer		\$0
CA	Total Non-Itemized Transactions with this Payee/Payer		\$5,380
91701	Total of All Transactions with this Payee/Payer for This Schedule		\$5,380
Type or Classification (B)			
GAS COMPANY - GIFTS CARDS			
Name and Address (A)			
CHIRLA	Purpose (C)	Date (D)	Amount (E)
2533 W THIRD ST STE 101	CONTRIBUTION	04/29/2019	\$5,000
LOS ANGELES	Total Itemized Transactions with this Payee/Payer		\$5,000
CA	Total Non-Itemized Transactions with this Payee/Payer		\$0
90057	Total of All Transactions with this Payee/Payer for This Schedule		\$5,000
Type or Classification (B)			
NON-PROFIT ORGANIZATION			
Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
CLUE	CONTRIBUTION	01/28/2019	\$24,000
464 LUCAS AVE #202	CONTRIBUTION	02/27/2019	\$12,000
LOS ANGELES	CONTRIBUTION	03/08/2019	\$6,000
CA	CONTRIBUTION	06/12/2019	\$6,000
90017	CONTRIBUTION	06/12/2019	\$6,000
Type or Classification (B)	CONTRIBUTION	06/12/2019	\$6,000
NON-PROFIT ORGANIZATION	CONTRIBUTION	07/07/2019	\$6,000
	CONTRIBUTION	08/16/2019	\$6,000
	CONTRIBUTION	09/13/2019	\$6,000
	CONTRIBUTION	10/01/2019	\$6,000
	CONTRIBUTION	11/01/2019	\$6,000
	Total Itemized Transactions with this Payee/Payer		\$90,000
	Total Non-Itemized Transactions with this Payee/Payer		\$0
	Total of All Transactions with this Payee/Payer for This Schedule		\$90,000

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4. AFFILIATION OR ORGANIZATION NAME SERVICE EMPLOYEES		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NBR 2015	First Name LAPHONZA Last Name BUTLER
7. UNIT NAME (if any) SEIU LOCAL 2015		P.O Box - Building and Room Number	
9. Are your organization's records kept at its mailing address?		Number and Street 2910 BEVERLY BOULEVARD	
Yes		City LOS ANGELES	
		State CA	ZIP Code + 4 900571003

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)

70. SIGNED: Laphonza R Butler	PRESIDENT	71. SIGNED: Kimberly A Evon	TREASURER
Date: Mar 27, 2018	Telephone Number: 213-985-0394	Date: Mar 27, 2018	Telephone Number: 213-985-0405

Name and Address (A)			
CAL ALLIANCE FOR RETIRED AMER	Purpose (C)	Date (D)	Amount (E)
600 GRAND AVE. STE 410 OAKLAND CA 94610	CONTRIBUTION	01/27/2017	\$5,000
	Total Itemized Transactions with this Payee/Payer		\$5,000
	Total Non-Itemized Transactions with this Payee/Payer		\$0
Type or Classification (B)	Total of All Transactions with this Payee/Payer for This Schedule		\$5,000
NON PROFIT ENTITY			
Name and Address (A)			
CALIFORNIA EXCURSIONS & TRANSPORTATION, INC.	Purpose (C)	Date (D)	Amount (E)
1132 WEST FLORENCE AVENUE INGLEWOOD CA 90301	TRANSPORTATION - WE RISE EVENT	09/15/2017	\$24,716
	Total Itemized Transactions with this Payee/Payer		\$24,716
	Total Non-Itemized Transactions with this Payee/Payer		\$0
Type or Classification (B)	Total of All Transactions with this Payee/Payer for This Schedule		\$24,716
TRANSPORTATION			
Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
CALIFORNIA LONG TERM CARE EDUCATION CENTER	CONTRIBUTION	01/27/2017	\$56,500
	CONTRIBUTION	02/08/2017	\$56,500
2910 BEVERLY BLVD LOS ANGELES CA 90057	CONTRIBUTION	03/03/2017	\$56,500
	CONTRIBUTION	04/03/2017	\$56,500
	CONTRIBUTION	05/01/2017	\$56,500
	CONTRIBUTION	06/02/2017	\$56,500
Type or Classification (B)	CONTRIBUTION	07/07/2017	\$56,500
	CONTRIBUTION	08/04/2017	\$56,500
EDUCATION CENTER	CONTRIBUTION	09/11/2017	\$56,500
	CONTRIBUTION	10/13/2017	\$56,500
	CONTRIBUTION	11/02/2017	\$56,500
	CONTRIBUTION	11/30/2017	\$56,500
	CONTRIBUTION	12/20/2017	\$104,194
	Total Itemized Transactions with this Payee/Payer		\$782,194
	Total Non-Itemized Transactions with this Payee/Payer		\$8,332
	Total of All Transactions with this Payee/Payer for This Schedule		\$790,526
Name and Address (A)			
CHINESE PROGRESSIVE ASSOCIATION	Purpose (C)	Date (D)	Amount (E)
1042 GRANT AVE., 5TH FLOOR SAN FRANCISCO CA 94133	CONTRIBUTION	09/22/2017	\$5,000
	Total Itemized Transactions with this Payee/Payer		\$5,000
	Total Non-Itemized Transactions with this Payee/Payer		\$0
Type or Classification (B)	Total of All Transactions with this Payee/Payer for This Schedule		\$5,000
NON PROFIT ENTITY			
Name and Address (A)			
CHIRLA	Purpose (C)	Date (D)	Amount (E)
2533 W. THIRD STREET LOS ANGELES CA 90057	CONTRIBUTION	10/06/2017	\$5,000
	Total Itemized Transactions with this Payee/Payer		\$5,000
	Total Non-Itemized Transactions with this Payee/Payer		\$0
Type or Classification (B)	Total of All Transactions with this Payee/Payer for This Schedule		\$5,000
NON PROFIT ENTITY			