

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 10/20/2024 through 12/31/2024	Date of election if applicable: (Month, Day, Year) _____	Date Stamp <div>E-Filed 01/31/2025 14:07:57 Filing ID: 213041029</div>	CALIFORNIA FORM 460 Page 1 of 37 For Official Use Only
---	---	---	---

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)

_____ | |

3. Committee Information

I.D. NUMBER
1467180

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Foundational Oakland Unites (nonprofit 501(c)(4))

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94607	(510) 423-4300

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS
filings@seowenscompany.com

Treasurer(s)

NAME OF TREASURER

Chris Moore

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(510) 423-4300

NAME OF ASSISTANT TREASURER, IF ANY

Stacy Owens

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94607	(510) 423-4300

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 01/31/2025
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Chris Moore
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 37

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 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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

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 Candidate/Officeholder 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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/20/2024 through 12/31/2024	CALIFORNIA FORM 460 Page 3 of 37 I.D. NUMBER 1467180
--	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 134,745.40	\$ 895,064.56
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 134,745.40	\$ 895,064.56
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 134,745.40	\$ 895,064.56

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

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

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 134,745.40	\$ 882,064.56
7. Loans Made Schedule H, Line 3	0.00	13,000.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 134,745.40	\$ 895,064.56
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 134,745.40	\$ 895,064.56

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	\$ 0.00
13. Cash Receipts Column A, Line 3 above	134,745.40
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	134,745.40
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00
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	\$ 13,000.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

CALIFORNIA
FORM **460**

Page 4 of 37

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Foundational Oakland Unites (nonprofit 501(c)(4))

1467180

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2024	Philip Dreyfuss Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Phillip Dreyfuss, Investor	2,500.00	895,064.56	
10/24/2024	Philip Dreyfuss Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Phillip Dreyfuss, Investor	60,000.00	895,064.56	
10/28/2024	Philip Dreyfuss Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Phillip Dreyfuss, Investor	66,764.00	895,064.56	
11/19/2024	Philip Dreyfuss Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Phillip Dreyfuss, Investor	5,481.40	895,064.56	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 134,745.40

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 134,745.40
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 134,745.40

*Contributor Codes

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

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from 10/20/2024		Page 5 of 37	
through 12/31/2024		I.D. NUMBER	
		1467180	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

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)
10/28/2024	Andrew Sanford State Assembly Person District: 18	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Andrew Sanford State Assembly Person District: 18	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Andrew Sanford State Assembly Person District: 18	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,291.32		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 134,745.34
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 134,745.34

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>37</u>	

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Baba Afolabi City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Baba Afolabi City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Baba Afolabi City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Benjamin Salop Board of Education City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,320.33		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>37</u>

NAME OF FILER

I.D. NUMBER

Foundational Oakland Unites (nonprofit 501(c)(4))

1467180

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)
10/28/2024	Benjamin Salop Board of Education City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Benjamin Salop Board of Education City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Brenda Harbin-Forte City Attorney City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Brenda Harbin-Forte City Attorney City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				2,534.29		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>37</u>	

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Brenda Harbin-Forte City Attorney City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Carroll Fife City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Carroll Fife City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Carroll Fife City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL \$				1,310.66		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Clifford Thompson Board of Education City of Oakland District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Clifford Thompson Board of Education City of Oakland District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Clifford Thompson Board of Education City of Oakland District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/2024	Committee to Elect Ken Houston & Len Raphael and oppose Zac Unger for City Council 2024	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		60,000.00	195,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				61,291.32		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Dominic Prado City Council Member City of Oakland District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Dominic Prado City Council Member City of Oakland District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Dominic Prado City Council Member City of Oakland District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Dwayne Atkins Jr. Board of Education City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,320.33		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>37</u>

NAME OF FILER

I.D. NUMBER

Foundational Oakland Unites (nonprofit 501(c)(4))

1467180

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)
10/28/2024	Dwayne Atkins Jr. Board of Education City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Dwayne Atkins Jr. Board of Education City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Edward C. Frank City Council Member City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Edward C. Frank City Council Member City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				2,534.29		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Edward C. Frank City Council Member City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Jesse Arreguin State Senator District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Jesse Arreguin State Senator District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Jesse Arreguin State Senator District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,310.66		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	John Bauters County Supervisor County of Alameda District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	John Bauters County Supervisor County of Alameda District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	John Bauters County Supervisor County of Alameda District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Kanitha Matoury City Council Member City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,320.33		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Kanitha Matoury City Council Member City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Kanitha Matoury City Council Member City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Ken Houston City Council Member City of Oakland District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Ken Houston City Council Member City of Oakland District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				2,534.29		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>15</u> of <u>37</u>

NAME OF FILER

I.D. NUMBER

Foundational Oakland Unites (nonprofit 501(c)(4))

1467180

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)
10/28/2024	Ken Houston City Council Member City of Oakland District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Len Raphael City Council Member City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Len Raphael City Council Member City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Len Raphael City Council Member City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,310.66		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>16</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Leronne L Armstrong City Council Member City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Leronne L Armstrong City Council Member City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Leronne L Armstrong City Council Member City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Marcie Hodge City Council Member City of Oakland District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,320.33		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>17</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Marcie Hodge City Council Member City of Oakland District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Marcie Hodge City Council Member City of Oakland District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Michelle D Hailey City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Michelle D Hailey City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				2,534.29		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>18</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Michelle D Hailey City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Nancy Sidebotham City Council Member City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Nancy Sidebotham City Council Member City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Nancy Sidebotham City Council Member City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,310.66		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>19</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Borrow \$10 billion to build schools, colleges Measure: 2 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	45.37	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Borrow \$10 billion to build schools, colleges Measure: 2 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,943.76	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Borrow \$10 billion to build schools, colleges Measure: 2 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	30.25	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Raise the state minimum wage to \$18 Measure: 32 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	45.37	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL \$				2,064.75		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>20</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Raise the state minimum wage to \$18 Measure: 32 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,943.76	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Raise the state minimum wage to \$18 Measure: 32 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	30.25	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Allow local governments to impose rent controls Measure: 33 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	45.37	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Allow local governments to impose rent controls Measure: 33 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,943.76	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL \$				3,963.14		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>21</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Allow local governments to impose rent controls Measure: 33 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	30.25	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Make permanent a tax on managed health care plans Measure: 35 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	45.37	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Make permanent a tax on managed health care plans Measure: 35 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,943.76	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Make permanent a tax on managed health care plans Measure: 35 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	30.25	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL \$				2,049.63		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>22</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Borrow \$10 billion to respond to climate change Measure: 4 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	45.37	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Borrow \$10 billion to respond to climate change Measure: 4 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,943.76	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Borrow \$10 billion to respond to climate change Measure: 4 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	30.25	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Lower voter approval requirements for local housing and infrastructure Measure: 5 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	45.37	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL \$				2,064.75		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
Page <u>23</u> of <u>37</u>	

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Lower voter approval requirements for local housing and infrastructure Measure: 5 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,943.76	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Lower voter approval requirements for local housing and infrastructure Measure: 5 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	30.25	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Limit forced labor in state prisons Measure: 6 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	45.37	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Limit forced labor in state prisons Measure: 6 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,943.76	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL \$				3,963.14		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>24</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Limit forced labor in state prisons Measure: 6 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	30.25	2,019.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Noel Gallo City Council Member City of Oakland District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Noel Gallo City Council Member City of Oakland District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Noel Gallo City Council Member City of Oakland District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,321.57		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>25</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/23/2024	Recall of Mayor Sheng Thao Oakland, CA	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		2,500.00	510,091.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Recall of Mayor Sheng Thao Oakland, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	29.01	510,091.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Recall of Mayor Sheng Thao Oakland, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	1,242.97	510,091.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Recall of Mayor Sheng Thao Oakland, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	19.34	510,091.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				3,791.32		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>26</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
11/19/2024	Recall of Mayor Sheng Thao Oakland, CA	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		5,481.40	510,091.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Patrice Berry Board of Education City of Oakland District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Patrice Berry Board of Education City of Oakland District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Patrice Berry Board of Education City of Oakland District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				6,772.72		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>27</u> of <u>37</u>

NAME OF FILER

I.D. NUMBER

Foundational Oakland Unites (nonprofit 501(c)(4))

1467180

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)
10/28/2024	Wildfire Prevention Zone Measure Measure: MM City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	107.00	4,762.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Wildfire Prevention Zone Measure Measure: MM City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	4,584.05	4,762.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Wildfire Prevention Zone Measure Measure: MM City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	71.33	4,762.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Public Safety Measure Measure: NN City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	107.00	4,762.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL \$				4,869.38		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>28</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Public Safety Measure Measure: NN City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	4,584.05	4,762.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Public Safety Measure Measure: NN City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	71.33	4,762.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Public Ethics Commission Measure Measure: OO City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	107.00	4,762.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Public Ethics Commission Measure Measure: OO City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	4,584.05	4,762.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL \$				9,346.43		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>29</u> of <u>37</u>

NAME OF FILER Foundational Oakland Unites (nonprofit 501(c)(4))	I.D. NUMBER 1467180
--	----------------------------

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)
10/28/2024	Public Ethics Commission Measure Measure: OO City of Oakland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	71.33	4,762.38	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Shan M. Hirsch City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Shan M. Hirsch City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Shan M. Hirsch City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,362.65		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>30</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Recall Alameda County District Attorney Pamela Price Alameda County	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Recall Alameda County District Attorney Pamela Price Alameda County	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Recall Alameda County District Attorney Pamela Price Alameda County	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Warren Mitchel Logan City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,320.33		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>31</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Warren Mitchel Logan City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Warren Mitchel Logan City Council Member City of Oakland District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Reaffirm the right of same-sex couples to marry Measure: 3 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	45.37	2,019.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Reaffirm the right of same-sex couples to marry Measure: 3 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,943.76	2,019.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				3,251.44		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>32</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Reaffirm the right of same-sex couples to marry Measure: 3 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	30.25	2,019.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Restricts Spending By Health Care Providers Meeting Specified Criteria. Measure: 34 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	45.37	2,019.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Restricts Spending By Health Care Providers Meeting Specified Criteria. Measure: 34 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,943.76	2,019.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Restricts Spending By Health Care Providers Meeting Specified Criteria. Measure: 34 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	30.25	2,019.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				2,049.63		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
	Page <u>33</u> of <u>37</u>

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Increase penalties for theft and drug trafficking Measure: 36 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	45.37	2,019.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Increase penalties for theft and drug trafficking Measure: 36 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,943.76	2,019.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Increase penalties for theft and drug trafficking Measure: 36 Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	30.25	2,019.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/28/2024	Zac Unger City Council Member City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	29.01	1,291.32	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL \$				2,048.39		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460 Page <u>34</u> of <u>37</u>
--	---

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

I.D. NUMBER

1467180

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)
10/28/2024	Zac Unger City Council Member City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,242.97	1,291.32	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/28/2024	Zac Unger City Council Member City of Oakland District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	19.34	1,291.32	
	<input type="checkbox"/> Support <input checked="" 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					
SUBTOTAL \$				1,262.31		

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 10/20/2024
through 12/31/2024
CALIFORNIA FORM 460
Page 35 of 37
I.D. NUMBER 1467180

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

Table with 4 columns: NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER), CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Rows include Benny Lee Consulting (San Leandro, CA 94579) for Mailer services and Committee to Elect Ken Houston & Len Raphael and oppose Zac Unger for City Council 2024 (ID# Pending) in Sacramento, CA 95814.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 62,500.00

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 134,745.40
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.) TOTAL \$ 134,745.40

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/20/2024	
through	12/31/2024	Page 36 of 37
NAME OF FILER		I.D. NUMBER
Foundational Oakland Unites (nonprofit 501(c)(4))		1467180

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Oakland United To Recall Sheng Thao (ID# 1466653) Oakland, CA 94607	CTB			2,500.00
Oakland United To Recall Sheng Thao (ID# 1466653) Oakland, CA 94607	CTB			5,481.40
Universal Mailworks Inc. Buena Park, CA 90620	IND	Mailer		64,264.00

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

SUBTOTAL \$ 72,245.40

Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

Statement covers period from 10/20/2024 through 12/31/2024	CALIFORNIA FORM 460 Page 37 of 37
I.D. NUMBER 1467180	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foundational Oakland Unites (nonprofit 501(c)(4))

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
Oakland United To Recall Sheng Thao (ID# 1466653) Oakland, CA 94607		\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00 DATE DUE	0.00 % RATE \$ 0.00	\$ 3,000.00 04/09/2024 DATE INCURRED	CALENDAR YEAR \$ 13,000.00 PER ELECTION** \$
Oakland United To Recall Sheng Thao (ID# 1466653) Oakland, CA 94607		\$ 10,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 10,000.00 DATE DUE	0.00 % RATE \$ 0.00	\$ 10,000.00 05/23/2024 DATE INCURRED	CALENDAR YEAR \$ 13,000.00 PER ELECTION** \$
*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.			SUBTOTALS	\$ 0.00	\$ 0.00	\$ 13,000.00	\$ 0.00	

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

Schedule H Summary

1. Loans made this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Payments received on loans \$ 0.00
(Total Column (c) plus unitemized payments of less than \$100.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required