. Nonprofit Organization Information 501(c)(3) 501(c)(4)		Date Stamp	California 807
Name of Organization		$\dashv$	For Official Use Only
_	California Border Issues Project		
Street Address			
455 Capitol Mall, Suite 600	, Sacramento, CA 95814		
Designated Contact Person (Name and title)		Amendment (S	ee Part 3)
Ashlee Titus, agent for filer			•
Area Code/Phone Number	Email	Date of Original Filing	g: (month, day, year)
(916) 442-7757	atitus@bmhlaw.com	[	
2. Donor Information (For add	ditional donors, include an attachment with	the information)	
Name of Donor			
American Pistachio Growe	rs		
Street Address			
9 River Park Place East, St	te. 410, Fresno, CA 93720		
	Position, Including the Agency Name		
see attachment			
Travel Destination and Purpo	ose		
Legislative Delegation to G			
Name of Donor	· · · · · · · · · · · · · · · · · · ·		
California Association of Re	ealtors		
Street Address			
915 L Street, Suite 1460, S	acramento, CA 95814		
	Position, Including the Agency Name		
see attachment	- -		
Travel Destination and Purpo	ose		
Legislative Delegation to G			
3. Amendment Description a	nd/or Comments		
. Verification			
I certify, under penalty of pe the information contained h	erjury under the laws of the State of Califor erein is true and complete.	rnia, that to the best of m	y knowledge,
Date Signed: 04/04/2025	Signature:	Shelle-	
	Print Clear		

FPPC Form 807 (June/2016)

1. Nonprofit Organization Information California Date Stamp Form For Official Use Only Name of Organization California Border Issues Project Street Address 455 Capitol Mall, Suite 600, Sacramento, CA 95814 Designated Contact Person (Name and title) Amendment (See Part 3) Ashlee Titus, agent for filer Date of Original Filing:\_ Area Code/Phone Number Email (month, day, year) (916) 442-7757 atitus@bmhlaw.com **2. Donor Information** (For additional donors, include an attachment with the information) Name of Donor Brownstein Hyatt Farber Schreck LLP **Street Address** 1415 L Street Suite 800, Sacramento, California 95814 Elected Official's Name and Position, Including the Agency Name see attachment **Travel Destination and Purpose** Legislative Delegation to Guadalajara, Mexico Name of Donor California Charter Schools Association Street Address PO Box 86087, Los Angeles, CA 90086 Elected Official's Name and Position, Including the Agency Name see attachment **Travel Destination and Purpose** Legislative Delegation to Guadalajara, Mexico 3. Amendment Description and/or Comments 4. Verification I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete. Date Signed:\_ Signature: \_\_\_ **Print** Clear

Nonprofit Organization Information 501(c)(3) 501(c)(4)		Date Stamp	California 807	
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California Border Issues Project				
Street Address				
455 Capitol Mall, Suite 600	, Sacramento, CA 95814			
Designated Contact Person (Name and title)		Amendment (S	Amendment (See Part 3)	
_	Ashlee Titus, agent for filer		,	
Area Code/Phone Number	Email	Date of Original Filing	(month, day, year)	
(916) 442-7757	atitus@bmhlaw.com			
Donor Information (For add	ditional donors, include an attachment wi	h the information)		
Name of Donor				
California Alliance of Famil	y Owned-Businesses			
Street Address		<del></del> -		
1201 K Street, Suite 750, S	Sacramento, CA 95814			
Elected Official's Name and	Position, Including the Agency Name			
see attachment				
Travel Destination and Purpo	ose			
Legislative Delegation to G	uadalajara, Mexico			
Name of Donor				
Doordash				
Street Address	_			
901 Market Street, 6th Floo	or, San Francisco, CA 94103			
Elected Official's Name and	Position, Including the Agency Name			
see attachment				
Travel Destination and Purpo	ose			
Legislative Delegation to G	uadalajara, Mexico			
Amendment Description a	nd/or Comments			
Verification				
I certify, under penalty of pethe information contained h	erjury under the laws of the State of Califo erein is true and complete.	ornia, that to the best of my	y knowledge,	
Date Signed:	Signature:_			
	Print Clear			

Nonprofit Organization Information 501(c)(3) 501(c)(4)		Date Stamp	California 807	
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<u> </u>	Designated Contact Person (Name and title)		Amendment (See Part 3)	
Ashlee Titus, agent for filer				ioo i aitoj
Area Code/Phone Number	Email		Date of Original Filing	g: (month, day, year)
(916) 442-7757	atitus@bmhlaw.com			
. Donor Information (For add	ditional donors, include an attachm	ent with the i	nformation)	
Name of Donor				
California State Council of	Laborers			
Street Address		_		<del></del> -
925 L Street, Ste. 1450, Sa	acramento, CA 95814			
Elected Official's Name and	Position, Including the Agency Nam	ıe		
see attachment				
Travel Destination and Purpo	ose			
Legislative Delegation to G	uadalajara, Mexico			
Name of Donor				
AT&T				
Street Address				
1215 K Street, Suite 1800,	Sacramento, CA 95814			
Elected Official's Name and	Position, Including the Agency Nam	ie		
see attachment				
Travel Destination and Purpo	ose			
Legislative Delegation to G	uadalajara, Mexico			
. Amendment Description a	nd/or Comments			
-				
			_	
Verification				
I certify, under penalty of pethe information contained h	erjury under the laws of the State o erein is true and complete.	of California, t	hat to the best of m	y knowledge,
Date Signed:	Signa	ture:		
	Print Clear			

### Attachment

David Alvarez, State Assemblymember, California State Assembly

Juan Carrillo, State Assemblymember, California State Assembly

Jasmeet Bains, State Assemblymember, California State Assembly

Michelle Rodriguez, State Assemblymember, California State Assembly