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COVER PAGE

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

| Statement covers period | Date of election if applicable: (Month, Day, Year) | Date Stamp | CALIFORNIA FORM 460 |
|---|---|---|---|
| from 04/19/2026 through 05/16/2026 | 06/02/2026 | | Page 1 of 8 — For Official Use Only |

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

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

## 2. Type of Statement:

- ☒ Preelection Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER: 1489310

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yes on Measure NDC

STREET ADDRESS (NO P.O. BOX)
[redacted]

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Rancho Mirage | CA | 92270 | (442)268-9391 |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Monterey Park | CA | 91754 | |

OPTIONAL: FAX / E-MAIL ADDRESS
gary@crummittandassociates.com

## Treasurer(s)

NAME OF TREASURER
Gary Crummitt

MAILING ADDRESS
[redacted]

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Rancho Mirage | CA | 92270 | (442)268-9391 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

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

Executed on 05/19/2026 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

# Recipient Committee Campaign Statement Cover Page — Part 2

**CALIFORNIA FORM 460**



## 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

Measure NDC

| BALLOT NO. OR LETTER | JURISDICTION | ☒ SUPPORT ☐ OPPOSE |
|---|---|---|
| | Monterey Park | |

**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***



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# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from 04/19/2026
through 05/16/2026

CALIFORNIA FORM 460

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1489310

Yes on Measure NDC

## Contributions Received

| | | Column A (TOTAL THIS PERIOD, FROM ATTACHED SCHEDULES) | Column B (CALENDAR YEAR TOTAL TO DATE) |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 2,472.74 | $ 23,650.74 |
| 2. Loans Received | Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ 2,472.74 | $ 23,650.74 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 343.39 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ 2,472.74 | $ 23,994.13 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $ 8,787.64 | $ 17,879.32 |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 8,787.64 | $ 17,879.32 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 343.39 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ 8,787.64 | $ 18,222.71 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 11,986.32 |
| 13. Cash Receipts | Column A, Line 3 above | 2,472.74 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. Cash Payments | Column A, Line 8 above | 8,787.64 |
| 16. **ENDING CASH BALANCE** | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 5,671.42 |

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0.00

## Cash Equivalents and Outstanding Debts

| | | |
|---|---|---|
| 18. Cash Equivalents | See instructions on reverse | $ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $ 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).

## 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 | $ | $ |

## 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 |
|---|---|
| ___/___/___ | $ |
| ___/___/___ | $ |

*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.

Statement covers period
from 04/19/2026
through 05/16/2026

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure NDC

I.D. NUMBER

1489310

| 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) |
|---|---|---|---|---|---|---|
| 05/05/2026 | Force for Change Ballot Measure (ID# 1471738)<br>[redacted]<br>Oakland, CA 94612 | ☐IND ☒COM ☐OTH ☐PTY ☐SCC | | 1,000.00 | 2,000.00 | |
| 05/07/2026 | Force for Change Ballot Measure (ID# 1471738)<br>[redacted]<br>Oakland, CA 94612 | ☐IND ☒COM ☐OTH ☐PTY ☐SCC | | 1,000.00 | 2,000.00 | |
| 04/24/2026 | Deisy Gonzalez<br>[redacted]<br>Monterey Park, CA 91754 | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Emergency Management Coordinator<br>City of Los Angeles | 100.00 | 100.00 | |
| 05/08/2026 | Kyle Mendiola<br>[redacted]<br>Los Angeles, CA 90024 | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Legal Support<br>Law Firm | 172.72 | 172.72 | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | | **SUBTOTAL $** | 2,272.72 | | |

## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2,272.72
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 200.02
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 2,472.74

*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



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# Schedule E
## Payments Made

**Amounts may be rounded to whole dollars.**

**Statement covers period**
from 04/19/2026
through 05/16/2026

**CALIFORNIA FORM 460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure NDC

I.D. NUMBER

1489310

**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)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| Jesse Damon<br>[redacted]<br>Monterey Park, CA 91755 | OFC | | 108.23 |
| E- Fundraising Connections<br>[redacted]<br>Sacramento, CA 95814 | | Credit Card Processing Fees | 5.00 |
| E- Fundraising Connections<br>[redacted]<br>Sacramento, CA 95814 | | Credit Card Processing Fees | 1.18 |
| | | **SUBTOTAL $** | 114.41 |

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

## Schedule E Summary

| | | |
|---|---|---|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | $ | 8,787.64 |
| 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** | $ | 8,787.64 |

# Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 04/19/2026
through 05/16/2026

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure NDC

I.D. NUMBER

1489310

**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)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| E- Fundraising Connections [redacted] Sacramento, CA 95814 | | Credit Card Processing Fees | 2.75 |
| E- Fundraising Connections [redacted] Sacramento, CA 95814 | | Credit Card Processing Fees | 0.95 |
| E- Fundraising Connections [redacted] Sacramento, CA 95814 | | Credit Card Processing Fees | 9.90 |
| Force for Change Ballot Measure (ID# 1471738) [redacted] Oakland, CA 94612 | | Contribution Refund | 1,000.00 |
| Mailing Pros, Inc. [redacted] Huntington Beach, CA 92649 | LIT | | 3,712.38 |
| | | **SUBTOTAL $** | 4,725.98 |

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

# Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 04/19/2026
through 05/16/2026

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure NDC

I.D. NUMBER

1489310

**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)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|---|
| Mailing Pros, Inc.<br>[redacted]<br>Huntington Beach, CA 92649 | LIT | | | 3,711.42 |
| Je-Show Yang<br>[redacted]<br>Alhambra, CA 91803 | OFC | | | 83.02 |
| Je-Show Yang<br>[redacted]<br>Alhambra, CA 91803 | OFC | | | 152.81 |
| | | | | |
| | | | | |
| | | | SUBTOTAL $ | 3,947.25 |

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



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

Amounts may be rounded to whole dollars.

Statement covers period
from 04/19/2026
through 05/16/2026

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on Measure NDC

I.D. NUMBER
1489310

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Mailing Pros, Inc.

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

- CMP campaign paraphernalia/misc.
- 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
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- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
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- 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)

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|---|
| U.S. Postal Service [redacted] Monterey Park, CA 91754 | POS | | | 2,304.64 |
| U.S. Postal Service [redacted] Monterey Park, CA 91754 | POS | | | 23,014.19 |
| | | | | |
| | | | | |

*Attach additional information on appropriately labeled continuation sheets.*

**TOTAL* $** 25,318.83

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