

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 09/22/2024 through 10/19/2024	Date of election if applicable: (Month, Day, Year) 11/05/2024	Date Stamp <div>E-Filed 10/24/2024 17:32:02 Filing ID: 212409402</div>	CALIFORNIA FORM 460 Page 1 of 20 For Official Use Only
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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 checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input checked="" type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input 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 checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination)
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

3. Committee Information

I.D. NUMBER
1471074

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

form410@nmgovlaw.com

Treasurer(s)

NAME OF TREASURER

ELLI ABDOLI

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

NAME OF ASSISTANT TREASURER, IF ANY

JOEL S. AURORA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

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 10/24/2024
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By ELLI ABDOLI
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

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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 Z

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☒ OPPOSE

Z

CITY OF SANTA CRUZ

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 09/22/2024 through 10/19/2024	CALIFORNIA FORM 460 Page 3 of 20 I.D. NUMBER 1471074
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 385,000.00	\$ 1,235,000.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 385,000.00	\$ 1,235,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 385,000.00	\$ 1,235,000.00

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	\$ 536,926.70	\$ 1,191,991.62
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 536,926.70	\$ 1,191,991.62
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	385,866.21	500,985.61
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTALEXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 922,792.91	\$ 1,692,977.23

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	\$ 194,935.08
13. Cash Receipts	Column A, Line 3 above	385,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	536,926.70
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 43,008.38

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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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	\$ 500,985.61

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).

*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 09/22/2024
through 10/19/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

1471074

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)
10/03/2024	KEURIG DR PEPPER Plano, TX 75024 REC'D THROUGH INTERMEDIARY AMERICAN BEVERAGE ASSN. 1275 PENNSYLVANIA AVE., NW, SUITE 1100 WASHINGTON, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		65,758.00	210,938.00	
10/03/2024	PEPSICO INCORPORATED AND AFFILIATED ENTITIES Purchase, NY 10577 REC'D THROUGH INTERMEDIARY AMERICAN BEVERAGE ASSN. 1275 PENNSYLVANIA AVE., NW, SUITE 1100 WASHINGTON, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		135,327.50	434,102.50	
10/03/2024	RED BULL NORTH AMERICA Santa Monica, CA 90404 REC'D THROUGH INTERMEDIARY AMERICAN BEVERAGE ASSN. 1275 PENNSYLVANIA AVE., NW, SUITE 1100 WASHINGTON, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		6,429.50	20,624.50	
10/03/2024	THE COCA-COLA COMPANY Atlanta, GA 30313 REC'D THROUGH INTERMEDIARY AMERICAN BEVERAGE ASSN. 1275 PENNSYLVANIA AVE., NW, SUITE 1100 WASHINGTON, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		177,485.00	569,335.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 385,000.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 385,000.00
- 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 \$** 385,000.00

*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 E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	09/22/2024	
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NAME OF FILER		I.D. NUMBER
NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION		1471074

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

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
VALUES PARTNERSHIP Upper Marlboro, MD 20772	CNS		REFUND OF EXPENDITURE	-7,500.00
VALUES PARTNERSHIP Upper Marlboro, MD 20772	CNS			7,500.00
POLARIS STRATEGIES WASHINGTON, DC 20009			SEE SCHEDULE G	173,034.00

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

SUBTOTAL \$ 173,034.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	536,926.70
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 \$	536,926.70

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM 460
from 09/22/2024	
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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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
POLARIS STRATEGIES WASHINGTON, DC 20009			SEE SCHEDULE G	112,992.00
POLARIS STRATEGIES WASHINGTON, DC 20009			SEE SCHEDULE G	19,797.70
POLARIS STRATEGIES WASHINGTON, DC 20009			SEE SCHEDULE G	123,272.00
POLARIS STRATEGIES WASHINGTON, DC 20009			SEE SCHEDULE G	107,831.00

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

SUBTOTAL \$ 363,892.70

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from 09/22/2024 through 10/19/2024	CALIFORNIA FORM 460 Page 7 of 20 I.D. NUMBER 1471074
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

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
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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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AVALON STRATEGIES LOS ANGELES, CA 90732	CNS	2,500.00	0.00	0.00	2,500.00
AVALON STRATEGIES LOS ANGELES, CA 90732	CNS	5,000.00	0.00	0.00	5,000.00
NIelsen MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO ELLI ABDOLI, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER, IS A PARTNER OF PAYEE	100,872.38	0.00	0.00	100,872.38

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

SUBTOTALS \$ 108,372.38\$ 0.00\$ 0.00\$ 108,372.38

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 385,866.21
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and
on the Summary Page, Column A, Line 9.) **NET \$** 385,866.21
May be a negative number

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

SCHEDULE F (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/22/2024	
through	10/19/2024	Page 8 of 20
NAME OF FILER		I.D. NUMBER
NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION		1471074

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
LT	campaign literature and mailings	PRT	print ads	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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
RODRIGUEZ STRATEGIES Santa Barbara, CA 93108	SEE SCHEDULE G	6,747.02	0.00	0.00	6,747.02
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO ELLI ABDOLI, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER, IS A PARTNER OF PAYEE	0.00	26,210.09	0.00	26,210.09
RODRIGUEZ STRATEGIES Santa Barbara, CA 93108	CNS	0.00	15,000.00	0.00	15,000.00
DEWEY SQUARE GROUP LLC Washington, DC 20006	CNS	0.00	30,000.00	0.00	30,000.00
SUBTOTALS \$		6,747.02\$	71,210.09\$	0.00 \$	77,957.11

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
STEVEN MAVIGLIO DBA FORZA COMMUNICATIONS Sacramento, CA 95819	CNS	0.00	5,000.00	0.00	5,000.00
VALUES PARTNERSHIP Upper Marlboro, MD 20772	CNS	0.00	7,500.00	0.00	7,500.00
TRILOGY INTERACTIVE LLC Berkeley, CA 94704	CNS	0.00	20,000.00	0.00	20,000.00
DEWEY SQUARE GROUP LLC Washington, DC 20006	SEE SCHEDULE G	0.00	3,533.55	0.00	3,533.55
SUBTOTALS \$		0.00 \$	36,033.55 \$	0.00 \$	36,033.55

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 09/22/2024 through 10/19/2024	CALIFORNIA FORM 460 Page 10 of 20 I.D. NUMBER 1471074
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NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
BEARSTAR STRATEGIES INC. San Francisco, CA 94104	SEE SCHEDULE G	0.00	110,236.16	0.00	110,236.16
TRILOGY INTERACTIVE LLC Berkeley, CA 94704	WEB	0.00	3,624.03	0.00	3,624.03
DAVID BINDER RESEARCH San Francisco, CA 94102	POL	0.00	35,000.00	0.00	35,000.00
RESONANCE CAMPAIGNS, LLC Washington, DC 20001	SEE SCHEDULE G	0.00	26,505.00	0.00	26,505.00
SUBTOTALS \$		0.00 \$	175,365.19 \$	0.00 \$	175,365.19

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 09/22/2024
through 10/19/2024
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1471074

NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

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
LT 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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
RESONANCE CAMPAIGNS, LLC Washington, DC 20001	SEE ADDITIONAL G'S IN NEXT PERIOD	0.00	103,257.38	0.00	103,257.38
SUBTOTALS \$		0.00 \$	103,257.38 \$	0.00 \$	103,257.38

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 09/22/2024
through 10/19/2024

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION
NAME OF AGENT OR INDEPENDENT CONTRACTOR
BEARSTAR STRATEGIES 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
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)

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

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER), CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Row 1: DANGERBOYS LLC, San Francisco, CA 94123, PRODUCTION, 110,059.00.

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$ 110,059.00

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 09/22/2024
through 10/19/2024

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NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

I.D. NUMBER

1471074

NAME OF AGENT OR INDEPENDENT CONTRACTOR

DEWEY SQUARE GROUP LLC

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, 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
HYATT PLACE SANTA CRUZ Santa Cruz, CA 95060	TRS			2,071.00
RIO SANDS HOTEL Aptos, CA 95003	TRS			510.84

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,581.84

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

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/22/2024
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NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

I.D. NUMBER

1471074

NAME OF AGENT OR INDEPENDENT CONTRACTOR

POLARIS STRATEGIES

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)

* 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
AMPERSAND East Bethesda, MD 20814			DIGITAL ADS	66,300.00
MIQ DIGITAL USA New York, NY 10016			DIGITAL ADS	13,482.23
THE TRADE DESK Ventura, CA 93001			DIGITAL ADS	25,350.66
AMPERSAND East Bethesda, MD 20814			DIGITAL ADS	40,800.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 145,932.89

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE G (CONT.)

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NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

I.D. NUMBER

1471074

NAME OF AGENT OR INDEPENDENT CONTRACTOR

POLARIS STRATEGIES

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)

* 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
GOOD TIMES Santa Cruz, CA 95060			ADVERTISING	3,536.00
HULU Burbank, CA 91521			DIGITAL ADS	725.13
META PLATFORMS, INC. Menlo Park, CA 94025			DIGITAL ADS	10,380.00
MIQ DIGITAL USA New York, NY 10016			DIGITAL ADS	17,579.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 32,220.13

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

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

Amounts may be rounded
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SCHEDULE G (CONT.)

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NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

I.D. NUMBER

1471074

NAME OF AGENT OR INDEPENDENT CONTRACTOR

POLARIS STRATEGIES

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)

* 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
SANTA CRUZ SENTINEL Santa Cruz, CA 95060			ADVERTISING	12,550.00
SANTA CRUZ SENTINEL Santa Cruz, CA 95060			ADVERTISING	1,236.00
AMPERSAND East Bethesda, MD 20814			DIGITAL ADS	40,800.00
GOOGLE LLC Mountain View, CA 94043			DIGITAL ADS	25,505.74

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 80,091.74

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE G (CONT.)

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NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

I.D. NUMBER

1471074

NAME OF AGENT OR INDEPENDENT CONTRACTOR

POLARIS STRATEGIES

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)

* 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
MIQ DIGITAL USA New York, NY 10016			DIGITAL ADS	32,832.00
AMPERSAND East Bethesda, MD 20814			DIGITAL ADS	40,800.00
MIQ DIGITAL USA New York, NY 10016			DIGITAL ADS	37,394.00
THE TRADE DESK Ventura, CA 93001			DIGITAL ADS	10,110.01

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 121,136.01

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

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

Amounts may be rounded
to whole dollars.

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NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RESONANCE CAMPAIGNS, LLC

I.D. NUMBER

1471074

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)

* 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
PACIFIC STANDARD PRINTING Sacramento, CA 95834	LIT			5,834.89
UNITED STATES POSTAL SERVICE WASHINGTON, DC 20009	POS			8,869.38
PACIFIC STANDARD PRINTING Sacramento, CA 95834	LIT			11,437.43
PACIFIC STANDARD PRINTING Sacramento, CA 95834	LIT			6,790.41

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 32,932.11

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE G (CONT.)

Statement covers period	
from	09/22/2024
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NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

I.D. NUMBER

1471074

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RESONANCE CAMPAIGNS, LLC

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, 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
UNITED STATES POSTAL SERVICE WASHINGTON, DC 20009	POS			19,199.12

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 19,199.12

* 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.

Additional Comments
For Form 460

ADDITIONAL COMMENTS	
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NAME OF FILER

NO ON Z, CAMPAIGN FOR AN AFFORDABLE SANTA CRUZ, SPONSORED BY THE AMERICAN BEVERAGE ASSOCIATION

ADDITIONAL COMMITTEE ADDRESS: 542 OCEAN AVE., STE F, SANTA CRUZ, CA 95060