1. Nonprofit Organization Info	ormation ■ 501(c)(3) □ 501(c)(4)	Date Stamp	California 807
Name of Organization			For Official Use Only
•	California Border Issues Project		
Street Address			
455 Capitol Mall, Suite 600	, Sacramento, CA 95814		
Designated Contact Person		Amendment (S	ee 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		
2. Donor Information (For add	ditional donors, include an attachment with	the information)	
Name of Donor			
California Cable and Teleco	ommunications Association		
Street Address			
925 L Street, Suite 850, Sa	acramento, CA 95814		
Elected Official's Name and	Position, Including the Agency Name		
See attachment			
Travel Destination and Purpo	ose		
Legislative Delegation to M	lexico City, Mexico		
Name of Donor			
California Correctional Pea	ce Officers Association		
Street Address			
1121 L Street, Suite 200, S			
	Position, Including the Agency Name		
See attachment			
Travel Destination and Purpo			
Legislative Delegation to M	lexico City, Mexico		
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.	nia, that to the best of my	y knowledge,
Date Signed: 04/23/2024		<u> WHEE</u>	

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1. Nonprofit Organization Inf	ormation 501(c)(3)	501(c)(4)	Date Stamp	California 807
Name of Organization				For Official Use Only
California Border Issues Project				
Street Address	,		-	
455 Capitol Mall, Suite 600	, Sacramento, CA 95814			
Designated Contact Person			Amandment (Sec	Port 2)
Ashlee Titus, agent for filer	•		Amendment (See	e Part 3)
Area Code/Phone Number	Email		Date of Original Filing:	(month. dav. vear)
(916) 442-7757	atitus@bmhlaw.com			(monun, day, your)
2. Donor Information (For add	ditional donors, include an atta	chment with the i	nformation)	
Name of Donor				
California Labor and Busin	ess Alliance			
Street Address				
428 J Street, Suite 412, Sa	cramento, CA 95814			
Elected Official's Name and	Position, Including the Agency	Name		
See attachment				
Travel Destination and Purp	ose			
Legislative Delegation to M	lexico City, Mexico			
Name of Donor				
California Operators Assoc	ciation			
Street Address				
1201 K Street, Suite 750, S	Sacramento, CA 95814			
Elected Official's Name and	Position, Including the Agency	Name		
See attachment				
Travel Destination and Purp	ose			
Legislative Delegation to M	lexico City, Mexico			
3. Amendment Description a	nd/or Comments			
4. Verification				
4. Verification				
I certify, under penalty of pethod the information contained h	erjury under the laws of the Sta erein is true and complete.	ate of California, t	hat to the best of my	knowledge,
Date Signed:	S	ignature:		
	Print Cla			

FPPC Form 807 (June/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

. Nonprofit Organization Inf	ormation ■ 501(c)(3) □ 5	501(c)(4)	Date Stamp	Form 807
Name of Organization	Name of Organization			For Official Use Only
California Border Issues Pr	oiect			
Street Address				
455 Capitol Mall, Suite 600	. Sacramento, CA 95814			
Designated Contact Person			7	
Ashlee Titus, agent for filer	•		Amendment (See	e Part 3)
Area Code/Phone Number	Email		Date of Original Filing:_	(month, day, year)
(916) 442-7757	atitus@bmhlaw.com			(montn, day, year)
. Donor Information (For add	litional donors, include an attacl	hment with the inf	ormation)	
Name of Donor				
California Real Estate Polit	ical Action Committee			
Street Address				
515 S. Figueroa Street, Su	ite 1110, Los Angeles, CA 9007	'1		
Elected Official's Name and	Position, Including the Agency N	ame		
See attachment				
Travel Destination and Purp	ose			
Legislative Delegation to M	exico City, Mexico			
Name of Donor	•			
California State Council of	Laborers			
Street Address				
925 L Street, Suite 1450, S	acramento, CA 95814			
Elected Official's Name and	Position, Including the Agency N	ame		
See attachment				
Travel Destination and Purp	ose			
Legislative Delegation to M	exico City, Mexico			
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 erein is true and complete.	e of California, tha	at to the best of my	knowledge,
Date Signed:	Sig	nature:		
-				
	Print Clea	ır		

1. Nonprofit Organization Info	ormation 5 01(c)(3) 501(c)(4)	Date Stamp	California 807
Name of Organization		 	For Official Use Only
California Border Issues Pr	roject		
Street Address	•		
455 Capitol Mall, Suite 600), Sacramento, CA 95814		
Designated Contact Person	(Name and title)	Amendment (Se	no Part 2)
Ashlee Titus, agent for filer		Amendment (36	e rait 5)
Area Code/Phone Number	Email	Date of Original Filing	:(month, day, year)
(916) 442-7757	atitus@bmhlaw.com		(onur, aay, your)
2. Donor Information (For add	ditional donors, include an attachment w	ith the information)	
Name of Donor			
Chevron Products Compar	ny		
Street Address			
6001 Bollinger Canyon Roa	ad, San Ramon, CA 94583		
Elected Official's Name and	Position, Including the Agency Name		
See attachment			
Travel Destination and Purpo	ose		
Legislative Delegation to M	lexico City, Mexico		
Name of Donor			
Dart Container			
Street Address			
500 Hogsback Road, Masc	on, MI 48854		
Elected Official's Name and	Position, Including the Agency Name		
See attachment			
Travel Destination and Purpo	ose		
Legislative Delegation to M	lexico City, Mexico		
3. Amendment Description a	nd/or Comments		
4. Verification			
I certify, under penalty of pethod the information contained h	erjury under the laws of the State of Calit erein is true and complete.	fornia, that to the best of my	knowledge,
Date Signed:	Signature:_		
-			

. Nonprofit Organization Info	ormation 501(c)(3	3) 501(c)(4)	Date Stamp	California 807
Name of Organization			-	For Official Use Only
California Border Issues Pr	oiect			
Street Address			-	
455 Capitol Mall, Suite 600	, Sacramento. CA 95814	ļ		
Designated Contact Person				
Ashlee Titus, agent for filer			Amendment (So	ee rai(3)
Area Code/Phone Number	Email	_	Date of Original Filing	g: (month, day, year)
(916) 442-7757	atitus@bmhlaw.com			(monur, uay, year)
. Donor Information (For add		n attachment with the	e information)	
Name of Donor				
DaVita				
Street Address				
500 North Capitol Street N	W, Suite 300 Washingto	n, DC 20001		
Elected Official's Name and				
See attachment	,v.aamiy tile At	, .,		
Travel Destination and Purpo				
Legislative Delegation to M				
Name of Donor	Ony, IVIONIOU			
Golden State Clean Energy	/			
Street Address	,			
3857 Birch Street, Suite 44	1, Newport Beach, CA 9	2660		
Elected Official's Name and	·			
See attachment	, At			
Travel Destination and Purpo	ose			
Legislative Delegation to M				
3. Amendment Description a				
unonoment Description a				
. Verification				
I certify, under penalty of pe the information contained h			i, that to the best of my	y knowledge,
	·			
Date Signed:		Signature:		
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	Print	Clear		

1. Nonprofit Organization Info	ormation ■ 501(c)(3) □	501(c)(4)	Date Stamp	California 807
Name of Organization				For Official Use Only
California Border Issues Pr	California Border Issues Project			
Street Address	-			
455 Capitol Mall, Suite 600	, Sacramento, CA 95814			
Designated Contact Person			Amendment (See	- Part 3)
Ashlee Titus, agent for filer			Amendment (Sec	arario)
Area Code/Phone Number	Email		Date of Original Filing:	(month, day, year)
(916) 442-7757	atitus@bmhlaw.com			(onin, ady, your)
2. Donor Information (For add	ditional donors, include an atta	chment with the	information)	
Name of Donor				
PhRMA				
Street Address				
950 F Street NW, Suite 300), Washington, DC 20004			
Elected Official's Name and	Position, Including the Agency	Name		
See attachment				
Travel Destination and Purpo	ose			
Legislative Delegation to M	lexico City, Mexico			
Name of Donor				
Snap, Inc.				
Street Address				
2900 31st Street, Santa Mo	onica, CA 90405			
	Position, Including the Agency	Name		
See attachment				
Travel Destination and Purpo	ose			
Legislative Delegation to M	exico City, Mexico			
3. Amendment Description a	nd/or Comments			
4. Verification				
t. VGIIIIGAUUII				
I certify, under penalty of pethod the information contained h	erjury under the laws of the Sta erein is true and complete.	ate of California,	that to the best of my	knowledge,
Date Signed:	S	ignature:		
	Drint Cla			

1. Nonprofit Organization Inf	ormation 501(c)(3)	501(c)(4)	Date Stamp	California 807
Name of Organization			1	For Official Use Only
California Border Issues Project				
Street Address		1		
455 Capitol Mall, Suite 600	, Sacramento, CA 95814			
Designated Contact Person			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		<u></u>	
2. Donor Information (For add	ditional donors, include an	attachment with the	information)	
Name of Donor				
Valero Services, Inc.				
Street Address				
1 Valero Way, San Antonic	o, TX 78249			
Elected Official's Name and	Position, Including the Age	ency Name		
See attachment				
Travel Destination and Purpo	ose			
Legislative Delegation to M	lexico City, Mexico			
Name of Donor				
Street Address				
Elected Official's Name and	Position, Including the Age	ency Name		
Travel Destination and Purpo	ose			
3. Amendment Description a	nd/or Commonts			
o. Amenument Description a	mazor comments			
-				
4. Verification				
I certify, under penalty of pe the information contained h			that to the best of my l	knowledge,
Date Signed:		Signature:		
	Drint	Cloar		

FPPC Form 807 (June/2016)

Attachment

Blanca Rubio, State Assemblymember, California State Assembly
David Alvarez, State Assemblymember, California State Assembly
Blanca Pacheco, State Assemblymember, California State Assembly
Cottie Petrie-Norris, State Assemblymember, California State Assembly
Esmeralda Soria, State Assemblymember, California State Assembly
Marie Alvarado-Gil, State Senator, California State Senate
Anna Caballero, State Senator, California State Senate