

Timeline as I understand, of Contributions from Friends of the Library to Citizens for Good Governance PAC

Filing Date: July, 30, 2024

Event: CFGG files FPPC Form 460 statement for 2/18/2024 through 06/30/2024

Status: Officially documented as a General Purpose PAC

My understanding is that any contributions from a 501(c)(3) are strictly prohibited.

Date: August 27, 2024

Amount: \$6,006.97

Contributor: Friends of the Huntington Beach Library (501(c)(3)

Recipient: Citizens for Good Governance (General Purpose PAC)

First known contribution.

Date: October 18, 2024

Amount: \$10,733.18

Contributor: Friends of the Huntington Beach Library

Recipient: Citizens for Good Governance

Second contribution. Demonstrates an ongoing pattern of campaign intervention.

Date: November 22, 2024

Amount: \$2,515.67

Contributor: Friends of the Huntington Beach Library

Recipient: Citizens for Good Governance

Third contribution. Confirms continued activity.

Date: November 22, 2024 (same day)

Amount: \$3,814.37

Contributor: Friends of the Huntington Beach Library

Recipient: Citizens for Good Governance

Fourth contribution, made on the same day.

Filing Date: January 31, 2025

Event: CFGG files new Form 460

Disclosed: All above contributions publicly reported

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

CALIFORNIA
FORM **460**

Page 1 of 78

For Official Use Only

Statement covers period

from 02/18/2024

through 06/30/2024

Date of election if applicable:
(Month, Day, Year)

Date Stamp

E-Filed
07/30/2024
16:56:16

Filing ID:
211817243

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
1454094

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Citizens for Good Governance

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Long Beach</u>	<u>CA</u>	<u>90802</u>	<u></u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

gary@crummittandassociates.com

Treasurer(s)

NAME OF TREASURER

Gary Crummitt

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Long Beach</u>	<u>CA</u>	<u>90802</u>	<u></u>

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 07/23/2024
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Gary Crummitt
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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460
Page 22 of 102

NAME OF FILER
CITIZENS FOR GOOD GOVERNANCE

I.D. NUMBER
1454094

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)
08/27/2024	Friends Of The Huntington Beach Library Huntington Beach, CA 92648	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		6,006.97	23,070.19	

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460
Page 51 of 102

NAME OF FILER
CITIZENS FOR GOOD GOVERNANCE

I.D. NUMBER
1454094

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)
10/16/2024	[REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	600.00	
10/16/2024	[REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	150.00	450.00	
10/17/2024	[REDACTED] Huntington Beach, CA 92647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	740.00	
10/18/2024	[REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	150.00	200.00	
10/18/2024	Friends Of The Huntington Beach Library Huntington Beach, CA 92648	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,733.18	23,070.19	
SUBTOTAL \$				11,233.18		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2024
through 12/31/2024

NAME OF FILER
CITIZENS FOR GOOD GOVERNANCE

I.D. NUMBER
1454094

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)
11/17/2024		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee Coast Colleges	100.00	200.00	
11/18/2024		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	600.00	
11/18/2024		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	
11/22/2024	Friends Of The Huntington Beach Library Huntington Beach, CA 92648	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,515.67	23,070.19	
11/22/2024	Friends Of The Huntington Beach Library Huntington Beach, CA 92648	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,814.37	23,070.19	
SUBTOTAL \$				6,630.04		

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2024
through 12/31/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CITIZENS FOR GOOD GOVERNANCE

I.D. NUMBER

1454094

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 6 columns: NAME AND ADDRESS OF CREDITOR, CODE OR DESCRIPTION OF PAYMENT, (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD, (b) AMOUNT INCURRED THIS PERIOD, (c) AMOUNT PAID THIS PERIOD, (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD. Includes entries for All We Print and Bower Law Group.

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

SUBTOTALS \$ 11,876.00\$ 0.00\$ 11,876.00\$ 0.00

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Our Library Matters, Vote Yes on A & B, Sponsored by Friends of the Huntington Beach Public Library			Date of This Filing 05/02/2025	Date Stamp <div style="border: 1px solid red; padding: 5px; color: red; text-align: center;"> E-Filed 05/02/2025 13:11:24 Filing ID: 214226665 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 544-4742	I.D. NUMBER (if applicable) 1478194	Report No. 2025-19			
STREET ADDRESS 			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages 1		

1. Contribution(s) Received

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
05/01/2025	Citizens for Good Governance Fullerton, CA 92835 Committee ID # 1454094	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Our Library Matters, Vote Yes on A & B, Sponsored by Friends of the Huntington Beach Public Library			Date of This Filing 04/27/2025	Date Stamp <div style="border: 1px solid red; padding: 5px; color: red; text-align: center;"> E-Filed 04/27/2025 20:51:55 Filing ID: 214199065 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 544-4742	I.D. NUMBER (if applicable) 1478194	Report No. 2025-17			
STREET ADDRESS 			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages 1		

1. Contribution(s) Received

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
04/26/2025	Citizens for Good Governance Fullerton, CA 92835 Committee ID # 1454094	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Our Library Matters, Vote Yes on A & B			Date of This Filing 04/08/2025	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 544-4742	I.D. NUMBER (if applicable) 1478194		Report No. 2025-8	E-Filed 04/08/2025 13:36:34 Filing ID: 214126650	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages 1		

1. Contribution(s) Received

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
04/08/2025	Citizens for Good Governance Fullerton, CA 92835 Committee ID # 1454094	<div><input type="checkbox"/> IND</div> <div><input checked="" type="checkbox"/> COM</div> <div><input type="checkbox"/> OTH</div> <div><input type="checkbox"/> PTY</div> <div><input type="checkbox"/> SCC</div>		5,000.00 <div><input type="checkbox"/> Check if Loan</div> <div>_____% Provide interest rate</div>
		<div><input type="checkbox"/> IND</div> <div><input type="checkbox"/> COM</div> <div><input type="checkbox"/> OTH</div> <div><input type="checkbox"/> PTY</div> <div><input type="checkbox"/> SCC</div>		<div><input type="checkbox"/> Check if Loan</div> <div>_____% Provide interest rate</div>
		<div><input type="checkbox"/> IND</div> <div><input type="checkbox"/> COM</div> <div><input type="checkbox"/> OTH</div> <div><input type="checkbox"/> PTY</div> <div><input type="checkbox"/> SCC</div>		<div><input type="checkbox"/> Check if Loan</div> <div>_____% Provide interest rate</div>

Reason for Amendment: _____

*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

efile Public Visual Render		ObjectId: 202413189349308146 - Submission: 2024-11-13		TIN: 23-7177623	
Form 990		Return of Organization Exempt From Income Tax			
Department of the Treasury Internal Revenue Service		OMB No. 1545-0047			
		2023			
		Open to Public Inspection			
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)					
Do not enter social security numbers on this form as it may be made public.					
Go to www.irs.gov/Form990 for instructions and the latest information.					

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023					
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization FRIENDS OF THE HUNTINGTON BEACH LIBRARY Public Library			D Employer identification number 23-7177623
		Doing business as			
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (714) 842-4481
		7111 TALBERT AVENUE			
		City or town, state or province, country, and ZIP or foreign postal code HUNTINGTON BEACH, CA 92648			G Gross receipts \$ 729,438
		F Name and address of principal officer: 7111 TALBERT AVENUE HUNTINGTON BEACH, CA 926481232			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		J Website: N/A			If "No," attach a list. See instructions.
		K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other			H(c) Group exemption number
		L Year of formation: 1967			M State of legal domicile: CA

Part I Summary	
Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORT PUBLIC LIBRARY OPERATIONS & MATERIALS
2 Check this box <input type="checkbox"/>	
3 Number of voting members of the governing body (Part VI, line 1a)	
3 14	

Net A Fund I	21	Total liabilities (Part X, line 26)		0
	22	Net assets or fund balances. Subtract line 21 from line 20	2,647,410	2,729,075

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOE DRAGICEVICH Treasurer		Date 2024-11-13		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P02048516
	Firm's name Rea Whitehead & Associates Inc			Firm's EIN 83-0977628	
	Firm's address 19900 Beach Blvd Ste G Huntington Beach, CA 92648			Phone no. (714) 536-3200	

May the IRS discuss this return with the preparer shown above? See Instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2023)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

1

Briefly describe the organization’s mission:
SUPPORT PUBLIC LIBRARY OPERATIONS & MATERIALS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

**Statement of Organization
Recipient Committee**

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

____/____/____

☐ Amendment

Date qualification threshold met

____/____/____

☐ Termination – See Part 5

Date of termination

____/____/____

Date Stamp

CITY OF HUNTINGTON BEACH

2025 JAN 28 PM 12:10

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

I.D. Number

(if applicable)

NAME OF COMMITTEE

Our Library Matters

STREET ADDRESS (NO P.O. BOX)

CITY

Irvine

STATE

CA

ZIP CODE

92618

AREA CODE/PHONE

(562) 544-4742

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

info@campaign-compliance.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Huntington Beach

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Joe Dragicevich

STREET ADDRESS (NO P.O. BOX)

CITY

Long Beach

STATE

CA

ZIP CODE

90803

EMAIL ADDRESS OF TREASURER (REQUIRED)

jadcvd@gmail.com

AREA CODE/PHONE

(562) 544-4742

NAME OF ASSISTANT TREASURER, IF ANY

Jen Slater

STREET ADDRESS (NO P.O. BOX)

CITY

Irvine

STATE

CA

ZIP CODE

92618

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

info@campaign-compliance.com

AREA CODE/PHONE

(949) 858-7448

NAME OF PRINCIPAL OFFICER(S)

Joe Dragicevich

STREET ADDRESS (NO P.O. BOX)

CITY

Long Beach

STATE

CA

ZIP CODE

90803

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

jadcvd@gmail.com

AREA CODE/PHONE

(562) 544-4742

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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.

expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 524,420 including grants of \$) (Revenue \$)
DONATION TO SUPPORT PUBLIC LIBRARY OPERATIONS AND MATERIALS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
VOLUNTEER HOURS-LIBRARY OPERATION AND PROGRAM SUPPORT. CONTRIBUTED APPROXIMATELY 20,000 HOURS	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
SOLICITATION/SALES/RENTAL-USED BOOKS-STAFFED BY VOLUNTEERS AT LIBRARY. PROVIDED 10,000 BOOKS.	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 524,420

Form 990 (2023)

Form 990 (2023)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.		No

<https://projects.propublica.org/nonprofits/organizations/237177623/202413189349308146/full>

3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No