

# Nonprofit Travel Payments, Advances and Reimbursements

## Donor Disclosure List

A Public Document

### 1. Nonprofit Organization Information

501(c)(3)  501(c)(4)

Date Stamp

California  
Form **807**

For Official Use Only

**Name of Organization**

California Border Issues Project

**Street Address**

455 Capitol Mall, Suite 600, Sacramento, CA 95814

**Designated Contact Person (Name and title)**

Ashlee Titus, agent for filer

**Area Code/Phone Number**

(916) 442-7757

**Email**

atitus@bmhlaw.com

Amendment (See Part 3)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

### 2. Donor Information (For additional donors, include an attachment with the information)

**Name of Donor**

American Pistachio Growers

**Street Address**

9 River Park Place East, Ste. 410, Fresno, CA 93720

**Elected Official's Name and Position, Including the Agency Name**

see attachment

**Travel Destination and Purpose**

Legislative Delegation to Mexico City, Mexico

**Name of Donor**

California Real Estate Political Action Committee

**Street Address**

515 S. Figueroa Street, Suite 1110, Los Angeles, CA 90071

**Elected Official's Name and Position, Including the Agency Name**

see attachment

**Travel Destination and Purpose**

Legislative Delegation to Mexico City, Mexico

### 3. Amendment Description and/or Comments

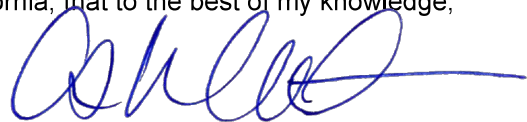
### 4. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

04/27/26

Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_



Print

Clear

# Nonprofit Travel Payments, Advances and Reimbursements

## Donor Disclosure List

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<b>1. Nonprofit Organization Information</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4)		Date Stamp	<b>California Form 807</b> For Official Use Only
Name of Organization California Border Issues Project			
Street Address 455 Capitol Mall, Suite 600, Sacramento, CA 95814			
Designated Contact Person (Name and title) Ashlee Titus, agent for filer		<input type="checkbox"/> Amendment (See Part 3) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (916) 442-7757	Email atitus@bmhlaw.com		

**2. Donor Information** (For additional donors, include an attachment with the information)

Name of Donor California Correctional Peace Officers Association
Street Address 1121 L Street, Suite 200, Sacramento, CA 95814
Elected Official's Name and Position, Including the Agency Name see attachment
Travel Destination and Purpose Legislative Delegation to Mexico City, Mexico
Name of Donor United Contractors
Street Address 17 Crow Canyon Court, Suite 100, San Ramon, CA 94583
Elected Official's Name and Position, Including the Agency Name see attachment
Travel Destination and Purpose Legislative Delegation to Mexico City, Mexico

**3. Amendment Description and/or Comments**

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**4. Verification**

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Email**

atitus@bmhlaw.com

**Amendment (See Part 3)**

**Date of Original Filing:** \_\_\_\_\_  
(month, day, year)

### 2. Donor Information (For additional donors, include an attachment with the information)

**Name of Donor**

Western Manufactured Housing Communities Association

**Street Address**

455 Capitol Mall, Suite 600, Sacramento, CA 95814

**Elected Official's Name and Position, Including the Agency Name**

see attachment

**Travel Destination and Purpose**

Legislative Delegation to Mexico City, Mexico

**Name of Donor**

National Staff Assault Task Force

**Street Address**

5022 W Avenue N #102-129, Palmdale, CA 93551

**Elected Official's Name and Position, Including the Agency Name**

see attachment

**Travel Destination and Purpose**

Legislative Delegation to Mexico City, Mexico

### 3. Amendment Description and/or Comments

### 4. Verification

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<b>1. Nonprofit Organization Information</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4)		Date Stamp	<b>California Form 807</b> For Official Use Only
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Street Address 455 Capitol Mall, Suite 600, Sacramento, CA 95814			
Designated Contact Person (Name and title) Ashlee Titus, agent for filer		<input type="checkbox"/> Amendment (See Part 3)	
Area Code/Phone Number (916) 442-7757	Email atitus@bmhlaw.com	Date of Original Filing: _____ (month, day, year)	

### 2. Donor Information (For additional donors, include an attachment with the information)

Name of Donor Prologis
Street Address 1800 Wazee Street, Suite 500, Denver, CO 80202
Elected Official's Name and Position, Including the Agency Name see attachment
Travel Destination and Purpose Legislative Delegation to Mexico City, Mexico
Name of Donor California Legislative Conference of Plumbing, Heating & Piping Industry
Street Address 6920 Fair Oaks Blvd. #205, Carmichael, CA 95608
Elected Official's Name and Position, Including the Agency Name see attachment
Travel Destination and Purpose Legislative Delegation to Mexico City, Mexico

### 3. Amendment Description and/or Comments

### 4. Verification

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Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Designated Contact Person (Name and title)**

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**Area Code/Phone Number**

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**Date of Original Filing:** \_\_\_\_\_  
(month, day, year)

### 2. Donor Information (For additional donors, include an attachment with the information)

**Name of Donor**

California Life Sciences Association

**Street Address**

4242 Campus Point Court, Suite 100, San Diego, CA 92121

**Elected Official's Name and Position, Including the Agency Name**

see attachment

**Travel Destination and Purpose**

Legislative Delegation to Mexico City, Mexico

**Name of Donor**

PhRMA

**Street Address**

670 Maine Ave. SW, Suite 1000, Washington, DC, 20024

**Elected Official's Name and Position, Including the Agency Name**

see attachment

**Travel Destination and Purpose**

Legislative Delegation to Mexico City, Mexico

### 3. Amendment Description and/or Comments

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Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_

**Print**

**Clear**

Attachment

Maggy Krell, State Assemblymember, California State Assembly

Blanca Pacheco, State Assemblymember, California State Assembly

Esmeralda Soria, State Assemblymember, California State Assembly

David Alvarez, State Assemblymember, California State Assembly

Juan Carrillo, State Assemblymember, California State Assembly

Anamarie Ávila Farías, State Assemblymember, California State Assembly

Blanca Rubio, State Assemblymember, California State Assembly

Eric Ohlsen, City Councilmember, City of Palmdale, California