REPORT OF PERSON SPENDING \$5,000 OR MORE TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

(Government Code Section 86116)

				1	1/6
FORM 645 1993					
REPORT COVERS PI	ERIOD FROM 10/01/2023	THROUGH	1 <u>2/31/2023</u>	FC	OR OFFICIAL USE ONLY
CUMULATIVE PERIO	DD BEGINNING	10/01/202	23	Α	
	TYPE OR PRINT IN INK				
or information required to be provided to you pursuan anual on Lobbying Disclosure Provisions of the Politi		of 1977, see	Information	В	
AME OF FILER:					
IX PAGA - A BETTER, FAIRER WAY FOR WO JSINESS ADDRESS: (Number and Street)	RKERS (City)	(State)	(Zip Code)	TEL	EPHONE NUMBER:
(SACRAMENTO	CA	95814		
ART I - LEGISLATIVE OR STATE AGENCY A				I IG THF	PERIOD
ee instructions on reverse.) ALIFORNIA STATE LEGISLATURE REGARDI					
SI	UMMARY OF PAYMENTS TH	IS PERIOI	<u> </u>		
A. Total Activity Expenses (Part II, Section	UMMARY OF PAYMENTS TH			\$	0.00
	on A)				0.00 813597.00
A. Total Activity Expenses (Part II, Section	on A)art II, Section B)			\$	
A. Total Activity Expenses (Part II, Section B. Total Other Payments to Influence (Page 1)	on A)art II, Section B)			\$ <u></u>	813597.00
A. Total Activity Expenses (Part II, Section B. Total Other Payments to Influence (Part II) Total (A + B above)	on A)art II, Section B)			\$ <u></u> \$ <u></u> \$ <u></u>	813597.00 813597.00
A. Total Activity Expenses (Part II, Section B. Total Other Payments to Influence (Part II) Total (A + B above)	on A)art II, Section B)			\$ <u></u> \$ <u></u> \$ <u></u>	813597.00 813597.00 0.00
A. Total Activity Expenses (Part II, Section B. Total Other Payments to Influence (Part II) Total (A + B above)	VERIFICATION reparing this Report. I have repartached schedules is true an	eviewed t	X No campaign of the Report and to te.	s s ontributio	813597.00 813597.00 0.00 ons made this period set of my knowledge the
A. Total Activity Expenses (Part II, Section B. Total Other Payments to Influence (Part II) (A + B above)	VERIFICATION reparing this Report. I have repartached schedules is true an	eviewed t	X No campaign of the Report and to te.	s s ontribution	813597.00 813597.00 0.00 ons made this period st of my knowledge the correct.

PERIOD COVERED:	10/01/2023	12/31/2023	

NAME OF FILER: FIX PAGA - A BETTER, FAIRER WAY FOR WORKERS

PART II	- PAYMENTS MADE THIS PERIOD				
A. ACT	TIVITY EXPENSES (See instructions on	reverse.)			
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity
			\$		\$
	ore space is needed, check box and attach inuation sheets.			e A of the Summary	\$ 0.00
⊠ 1. P	HER PAYMENTS TO INFLUENCE LEGIS NOTE: State and local government agencie Check the box and complete Attach PAYMENTS TO LOBBYING COALITIONS (NO	es do not complete this section. ment Form 640 instead.		\$0.00 \$813597.00	
			TOTAL S Also ente on Line B	ECTION B (1 + 2). r the total of Section B of the Summary of a section on page 1.	\$ 813597.00
BEF	MENTS IN CONNECTION WITH ADMIN FORE THE CALIFORNIA PUBLIC UTILITY instructions on reverse.) Also enter the total of	TIES COMMISSION			\$ 0.00

NAME OF F	ILER: FIX PAGA - A BETTER, FAIRER WAY FOR WORKERS		
to or on beh	CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetar alf of state candidates, elected state officers and any of their controlled corr officers must be reported in A or B below.)		
in a ider Name of	e contributions made by you during the period covered by this report, or be campaign disclosure statement which is on file with the Secretary of State stification number, if any, below. Major Donor or Recipient Committee Which Has Filed A public Disclosure Statement:		committee and its
	tributions of \$100 or more which have not been reported on a campaign of the by an organization's sponsored committee, must be itemized below.	disclosure statement, inc	luding contributions
Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
If mo	re space is needed, check box and attach continuation sheets.		

PERIOD COVERED: 10/01/2023 -- 12/31/2023

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM
640

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PERIOD COVERED: 10/01/2023 -- 12/31/2023

NAME OF FILER: <u>FIX PAGA - A BETTER, FAIRER WAY FOR WORKERS</u>

For Use By: A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the

instructions on the cover page before completing this attachment.

Other Payments to Influence Legislative or Administrative Action:

1.	Total payments for overhead expenses related to lobbying activity. Report as a lump sum.	\$ 0.00
2.	Total payments to Lobbying Coalitions. Report as a lump sum. (Form 630 must be attached)	\$ 0.00
3.	Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). Report as a lump sum.	\$ 0.00
4.	Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	\$ 813597.00
5.	Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	\$ 813597.00

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	C	Cumulative Amount Since January 1
[C] - WILSON CALLAHAN STRATEGIES LLC	\$ 15000.00	\$	15000.00
SACRAMENTO CA 95811			
[C] - BICKER,CASTILLO & FAIRBANKS	\$ 70000.00	\$	70000.00
SACRAMENTO CA 95814			
[A] - AMPLIFIED MPK,INC.	\$ 208700.00	\$	208700.00
PHOENIX AZ 85085			
Subtotal of all payments itemized above	\$ 293700.00		
Y If more space is needed, check box and attach			

continuation sheets.

Attachment Form 640

(Continuation Sheet)

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PERIOD COVERED: <u>10/01/2023 -- 12/31/2023</u>

NAME OF FILER: <u>FIX PAGA - A BETTER, FAIRER WAY FOR WORKERS</u>

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Sessio
- BASK DIGITAL MEDIA,LLC	519897.00	519897.00
N DIEGO CA 92101		

TEXT ANNOTATION

PAGE 1

Schedule F645 Reference No: A

FULL NAME OF ENTITY: FIX PAGA: A BETTER, FAIRER WAY FOR WORKERS. A PROJECT OF CALIFORNIANS FOR FAIR PAY & E-MPLOYER ACCOUNTABILITY