Image# 202001239167339199				01/23/2020 21 : 17
			1	PAGE 1 / 5
FEC FORM 1	STATEMEN ORGANIZA			•
			Of	fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
PEOPLE FOR BETTER (		TEE OF THE SAN MAI		F MISSION INDIANS
1				
	515 S. FIGUEROA ST., STE. 11	10		
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>				
			CA 900	71
	CITY A	· · · · · · · · · · · · · · · · · · ·	STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	FLORA@POLITICALLAV	V.COM		
is changed)				
	Optional Second E-Mail Addre	SS		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
<ul> <li>(Check if address is changed)</li> </ul>				
	I			1
2. DATE 01 23	D / Y Y Y Y 2020			
3. FEC IDENTIFICATION NU	JMBER ► C C007	/36041		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best of	my knowledge and belief it	is true, correct and	complete.
		-		
Type or Print Name of Treasurer	YIN, FLORA, , ,			
Signature of Treasurer	FLORA, , ,	[Electronically Filed]	Date 01	23 / Y Y Y Y 2020
NOTE: Submission of false, errone	ous, or incomplete information ma			penalties of 2 U.S.C. §437g.
Office Use Only		For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC For	m 1 (Revised 02/2009)	Page 2	
TYPE OF CO	DMMITTEE		
Candidate	Committee:		
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate	
Name of Candidate			
Candidate Party Affiliatio	n Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Com	mittee:		
(d)		Democratic, Republican, etc.) Part	
Political Ac	ction Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	ected organization is	
	Corporation Corporation w/o Capital Stock	Labor Organization	
	Membership Organization Trade Association	Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.		
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated fund or part	
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fund	raising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
Comr	nittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.	FEC ID number		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## PEOPLE FOR BETTER GOVERNMENT COMMITTEE OF THE SAN MANUEL BAND OF MISSION INDIANS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Join	EFundraising Representative	Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

YIN, FLOR	ιA, , ,		
Full Name			
Mailing Address	515 S. FIGUEROA ST., STE. 1110		
Mailing Address			
		CA90071	
Title or Position	CITY	STATE	ZIP CODE
	Tele	ephone number	624 6200

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	YIN, FLORA, , ,
Mailing Address	515 S. FIGUEROA ST., STE. 1110
	LOS ANGELES
	CITY STATE ZIP CODE
Title or Position	
	Telephone number     213     -     624     -     6200

Full Name of Designated [ Agent	DAVIDSON, CARY, , ,		
Mailing Address	515 S. FIGUEROA ST., STE. 1110		
	LOS ANGELES		90071
	CITY	STATE	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CAL	IFORNIA BANK & TRUST	
Mailing Address	550 S. HOPE ST. #100	
		CA 90071
	CITY	STATE ZIP CODE
Name of Bank, Deposito	pry, etc.	
Mailing Address		
	CITY	STATE ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: