Recipient Committe Campaign Stateme Cover Page			LOS 0 2071	RECEIVED ANGELESSY FEB-2 PM	MUR I III	CALIFORNIA 2001/02 FORM
SEE INSTRUCTIONS ON REVE	FRSF	Statement covers period from 10/18/2020	(Month, Day, YearPRO	POSITION E	2:46 UNIT	Page 1 of 1 For Official Use Only
		through 12/31/2020	[]	# 4	1	2 6 FT
Officeholder, Candidate State Candidate Ele Recall (Also Complete Pert 5) General Purpose Comr	ection Committee mittee	- Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	2. Type of Statem ☐ Preelection Statem ☑ Semi-annual Statem ☐ Termination Statem (Also file a Form 410 Tr ☐ Amendment (Explain	ent ent ermination)		rly Statement
Small Contributor C		(Also Complete Part 7)		•		
3. Committee Inform	mation	I.D. NUMBER 1422776	Treasurer(s)			
Neighborhood Safety	DIDATE'S NAME IF NO COMMITTEE) Coalition Supporting Jackie Safety Organizations		NAME OF TREASURER Michele Hanisee MAILING ADDRESS	* * *		
Neighborhood Safety	Coalition Supporting Jackie Safety Organizations		Michele Hanisee MALLING ADDRESS CITY Los Angeles	STATE CA	ZIP CODE 90071	AREA CODE/PHONE (213) 236-3618
Neighborhood Safety Sponsored by Public STREET ADDRESS (NO P.O. E CITY Los Angeles	Coalition Supporting Jackie Safety Organizations		Michele Hanisee MAILING ADDRESS	CA		
Neighborhood Safety Sponsored by Public STREET ADDRESS (NO P.O. E CITY Los Angeles	Coalition Supporting Jackie Safety Organizations BOX) STATE ZIP CODE CA 90017	e Lacey for DA 2020, AREA CODE/PHONE	Michele Hanisee MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREASU	CA		
Neighborhood Safety Sponsored by Public STREET ADDRESS (NO P.O. E CITY Los Angeles MAILING ADDRESS (IF DIFFE	Coalition Supporting Jackie Safety Organizations BOX) STATE ZIP CODE CA 90017 RENT) NO. AND STREET OR P.O. BOX STATE ZIP CODE RESS	e Lacey for DA 2020, AREA CODE/PHONE (213) 452-6565	Michele Hanisee MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREASS MAILING ADDRESS	CA URER, IF ANY STATE	90071	(213) 236-3618
Neighborhood Safety Sponsored by Public STREET ADDRESS (NO P.O. E CITY Los Angeles MAILING ADDRESS (IF DIFFE CITY OPTIONAL: FAX/E-MAIL ADDF jguard@kaufmanle	Coalition Supporting Jackie Safety Organizations BOX) STATE ZIP CODE CA 90017 RENT) NO. AND STREET OR P.O. BOX STATE ZIP CODE RESS galgroup.com	AREA CODE/PHONE (213) 452-6565 AREA CODE/PHONE CODE/PHONE	Michele Hanisee MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREASI MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADDR	CA JRER, IF ANY STATE ESS	90071 ZIP CODE	(213) 236-3618 AREA CODE/PHONE
Neighborhood Safety Sponsored by Public STREET ADDRESS (NO P.O. E CITY Los Angeles MAILING ADDRESS (IF DIFFE CITY OPTIONAL: FAX/E-MAIL ADDF jguard@kaufmanle I have under Executed on	Coalition Supporting Jackie Safety Organizations BOX) STATE ZIP CODE CA 90017 RENT) NO. AND STREET OR P.O. BOX STATE ZIP CODE RESS galgroup.com	AREA CODE/PHONE (213) 452-6565 AREA CODE/PHONE (213) 452-6565 AREA CODE/PHONE and reviewing this statement and to the best ate of California that the foregoing is true and By	Michele Hanisee MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREASI MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADDR	CA JRER, IF ANY STATE ESS : :	90071 ZIP CODE	(213) 236-3618 AREA CODE/PHONE
Neighborhood Safety Sponsored by Public STREET ADDRESS (NO P.O. E CITY Los Angeles MAILING ADDRESS (IF DIFFE CITY OPTIONAL: FAX/E-MAIL ADDF jguard@kaufmanlee 4. Verification	Coalition Supporting Jackie Safety Organizations BOX) STATE ZIP CODE CA 90017 RENT) NO. AND STREET OR P.O. BOX STATE ZIP CODE RESS galgroup.com a used all reasonable diligence in preparing remain remains and the Sta 1/2021	AREA CODE/PHONE (213) 452-6565 AREA CODE/PHONE (213) 452-6565 AREA CODE/PHONE and reviewing this statement and to the best ate of California that the foregoing is take and By By By SIGNATURE OF CONTROLLING OFFIC By	Michele Hanisee MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREASU MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADDR of my knowledge the Information correct.	CA JRER, IF ANY STATE ESS Intaihed herein and in ANT TREASURER ROPONENT, OR RESPON	90071 ZIP CODE	(213) 236-3618 AREA CODE/PHONE adules is true and complete. ce

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COVER PAGE-PART 2 CALIFORNIA 460

Page 2 of 17

FOR

Officeholder or	Candidate Con	rolled	Committee	•
NAME OF OFFICEHOLDER (OR CANDIDATE			1.10
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND	DISTRICT NU	JMBER IF APPLICA	BLE)
RESIDENTIAL/BUSINESS AD	DRESS (NO. AND STREET) CITY	S	TATE ZIP
COMMITTEE NAME			I.D. NUMBER	
NAME OF TREASURER				
COMMITTEE ADDRESS	STREET ADDRESS (M	O P.O. BOX	Land	
CITY	STATE	ZIP COL	DE AREA COD	E/PHONE
COMMITTEE NAME			I.D. NUMBER	
			CONTROLLED C	OMMITTEE?
NAME OF TREASURER			YES	NO
NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX		

6.Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
		OF'POSE

Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHLOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT	NO	IF	ANY	

Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
Jackie Lacey	District Attorney	OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
	_ 1	OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	O FFICE SOUGHT OR HELD	
		[]C)PPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page	Amounts may b to whole de		Statement covers period from 10/18/2020 through 12/31/2020	CALIFORNIA FORM Page 3 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for I	DA 2020, Sponsored by	Public Safety Organ:		I.D. NUMBER
Contributions Received	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$2,578,650.0	0	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	\$0.00	\$0.0	0 20. Contributions	
3. SUBTOTAL CASH CONTRIEUTIONS Add Lines 1+ 2	\$0.00	\$2,578,650.0		
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$50,000.0	0 21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0.00	\$2,628,650.0		
Expenditures Made		· · · · · · · · · · · · · · · · · · ·		Summary for Sate
6. Payments Made Schedule E, Line 4	\$1,119,108.35	\$2,279,680.8	2 Candidates	
7. Loans Made Schedule H, Line 3	\$0.00	\$0.0	— 22 Cumulativ	e Expenditures Made *
8. SUBTOTAL CASH PAYMENTS	\$1,119,108.35	\$2,279,680.8	2 (If Subject to V	/oluntary Expenditure Limit)
9. Acc:rued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.0	<u> </u>	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$50,000.0	(mm/dd/yyyy)	
11. TOTAL EXPENDITURES MADE	\$1,119,108.35	\$2,329,680.8	2	
Current Cash Statement				
12. Beginning Cash Balance Previous Summary Page, Line 16	\$1,470,076.83	To calculate Column B, add		
13. Cash Receipts Column A, Line 3 above	\$0.00	amounts in Column A to the corresponding amounts from		
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	Column B of your last report. Some amounts in Column A		
15. Crash Payments Column A, Line 8 above	\$1,119,108.35	may be negative figures that should be subtracted from	*Amounts in this ser	ction may be different from amount
16. EINDING CASH BALANCE Add Liness 12+13+14, then subtract Line 15	\$350,968.48	previous period amounts. If	reported in schedule	
If this is a termination statement, Line 16 must be zero.		this is the first report being filed for this calendar year, only carry over the amounts		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	from Lines 2, 7, and 9 (if any).		
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents	0.00			
19. Outstanding Debts Add Line 2+Line 9 in Column B above	\$0.0C \$0.0C			FPPC Form 460 (Jan/201
To. Outstanding Debts Add Line 2+Line 5 in Coldhin D above			FPPC Ac	dvice: advice@fppc.ca.gov (8;6/2;75-377 www.sppc.ca.g

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Supporting	f Expenditures Opposing Other , Measures and Committees			from 10/1 through 12/3	18/2020	CALIFC FOR Page	
SEE INSTRUCTION NAME OF FILER Neighborhood Safe	S ON REVERSE aty Coalition Supporting Jackie Lacey for DA 202	0, Sponsored by Pub	olic Safety Organizations	through 1275	1.	D. NUMBE	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO CALENDAR YE (JAN. 1-DEC. 3	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/2020	Jackie Lacey District Attorney County: County of Los Angeles Support Oppose	Monetary Contribution	LIT	\$92,835.21	\$1,614,34	12.55	
10/19/2020	Jackie Lacey District Attorney County: County of Los Angeles	Monetary Contribution	Voter Data	\$3,304.10	\$1,614,34	12.55	
10/19/2020	Jackie Lacey District Attorney County: County of Los Angeles	Monetary Contribution	POS	\$154,105.21	\$1,614,34	12.55	

Schedule D Summary \$1,115,342.55 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... 2. Unitemized contributions and independent expenditures made this period of under \$100..... \$1,115,342.55

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

\$0.00

Supporting Candidates SEE INSTRUCTION NAME OF FILER	f Expenditures Opposing Other , Measures and Committees S ON REVERSE ety Coalition Supporting Jackie Lacey for DA 202	20, Sponsored by Pub	• Amounts may be rounded to whole dollars.		Statement of from 10/2 through 12/3	tovers period 18/2020 31/2020	CALIFO FOI Page I.D. NUMBE 142277	RM 400 5 of 17
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)		MOUNT/FAIR RKET VALUE	CUMULATIVE CALENDA (JAN. 1-D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/2020	Jackie Lacey District Attorney County: County of Los Angeles Support Oppose	Monetary Contribution	CNS	\$1:	L9,526.63	\$1,614,	342.55	
10/21/2020	Jackie Lacey District Attorney County: County of Los Angeles Support Oppose	Monetary Contribution	LIT	\$!	92,835.21	\$1,614,	.342.55	
10/21/2020	Jackie Lacey District Attorney County: County of Los Angeles Support Oppose	Monetary Contribution Nonmonetary Contribution	Voter Data	5	\$3,304.10	\$1,614,	342.55	

			SUBTOTAL	\$215,665.94	

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$1,115,342.55
2. Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$1,115,342.55

Supporting Candidates SEE INSTRUCTION NAME OF FILER	nary of Expenditures orting/Opposing Other idates, Measures and Committees ructions on reverse				Statement covers period from 10/18/2020 through 12/31/2020			SCHEDULE ORNIA 460 6 of 17 GR
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)		MOUNT/FAIR ARKET VALUE	CUMULATIVE CALENDA (JAN. 1-D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
10/21/2020	Jackie Lacey District Attorney County: County of Los Angeles Support Oppose	Monetary Contribution	POS	\$1	54,392.03	\$1,614,	342.55	
10/21/2020	Jackie Lacey District Attorney County: County of Los Angeles Support Oppose	Monetary Contribution	CNS	\$1	20,023.93	\$1,614,	342.55	
10/23/2020	Jackie Lacey District Attorney County: County of Los Angeles Support Oppose	Monetary Contribution	LIT	\$	93,070.21	\$1,614,	342.55	

SUBTOTAL \$367,486.17

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees			to whole dollars.	from 10/2 through 12/2	18/2020	CALIFO FOR Page	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Sponsored by Public Safety Organizations						I.D. NUMBER 1422776	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO CALENDAR Y (JAN. 1-DEC.	EAR	PER ELECTION TO DATE (IF IREQUIRED)
10,/23/2020	Jackie Lacey District Attorney County: County of Los Angeles	Monetary Contribution	Voter Data	\$3,304.10	\$1,614,3	42.55	
10,/23/2020	Jackie Lacey District Attorney County: County of Los Angeles	Monetary Contribution	POS	\$156,535.21	\$1,614,3	42.55	
10,/23/2020	Jackie Lacey District Attorney County: County of Los Angeles Support Oppose	Monetary Contribution	CNS	\$121,502.60	\$1,614,3	42.55	

Schedule D Summary

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1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$1,115,342.55
2. U nitemized contributions and independent expenditures made this period of under \$100	\$0.00
3. Trotal contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$1,115,342.55

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees ReE INSTRUCTIONS ON REVERSE		pposing Other leasures and Committees		Statement covers periodCALIFOfrom10/18/2020FOIthrough12/31/2020Page			SCHEDULE FORNIA 460 RM 8 of 17		
NAME OF FILER Neighborhood Saf DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	20, Sponsored by Pub TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE CALENDAR (JAN. 1-DE	YEAR			
10/23/2020	Jackie Lacey District Attorney County: County of Los Angeles Support Oppose	Monetary Contribution	POL	\$604.01	\$1,614,	342.55			

	SUBTOTAL	\$604.01	
Schedule D Summary			······································
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D	subtotals.)		\$1,115,342.55
2. Uniternized contributions and independent expenditures made this period of under \$100			\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not			\$1,115,342.55

Sahadula E	. Amounts may be rounded	SCHEDULE				
Schedule E Payments Made	to whole dollars.	Statement covers period	CALIF	ORNIA RM	460	
SEE INSTRUCTIONS ON REVERSE		from 10/18/2020 through 12/31/2020	Page	9	of 17	
NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Sponsore	ed by Public Safety Organizations		I.D. NUMB 142277			

CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey resear POS postage, delivery and me PRO professional services (leg PRT print ads			RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a TSF transfer between committees VOT voter registration WEB information technology costs	action costs I meals and meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group Los Angeles, CA 90017-5864		PRO			\$3,558.50
Kaufman Legal Group Los Angeles, CA 90017-5864		OFC _			\$207.30
The Strategy Group, LLC Chicago, IL 60654-7205		IND	LIT, Jacki	e Lacey, Support	\$92,835.21

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

SUBTOTAL \$96,601.01

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$1,119,108.35
2. Unitemized payments made this period of under \$100	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$1,119,108.35

Patro dalla E	. Amounts may be rounded	SCHEDULE					
Schedule E Payments Made	to whole dollars.	Statement covers period	CALIF		IA	460	
SEE INSTRUCTIONS ON REVERSE		from 10/18/2020 through 12/31/2020	Page	10	of	17	
NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for	DA 2020, Sponsored by Public Safety Organizations		1.D. NUM				

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 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/sponso VOT voter registration WEB information technology costs (Internet, e-mail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CO	DE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
The Strategy Group, LLC Chicago, IL 60654-7205	IND	Voter Data,	, Jackie Lacey, Support	\$3,304.10		
The Strategy Group, LLC Chicago, IL 60654-7205	IND	POS, Jackie	e Lacey, Support	\$154,105.21		
The Strategy Group, LLC Chicago, IL 60654-7205	IND	CNS, Jackie	e Lacey, Support	\$119,526.63		
Payments that are contributions or independent expend	litures must also be summarized on S	chedule D.	SUBT	OTAL \$276,935.94		

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$1,119,108.35
2. Unitemized payments made this period of under \$100	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$1,119,108.35

Schedule E	. Amounts may be rounded to whole dollars.		SCHEDULE E
Payments Made	Lo whole dollars.	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		from 10/18/2020 through 12/31/2020	FORM FOO Page 11 of 17
NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Spons	ored by Public Safety Organizations		I.D. NUMBER 1422776

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 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/spons VOT voter registration WEB information technology costs (Internet, e-mail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	SCRIPTION OF PAYMENT	AMOUNT PAID		
The Strategy Group, LLC Chicago, IL 60654-7205	IND	LIT, Jackie Lacey,	Support	\$92,835.21		
The Strategy Group, LLC IL 60654-7205	IND	Voter Data, Jackie	Lacey, Support	\$3,304.10		
The Strategy Group, LLC Chicago, IL 60654-7205	IND	POS, Jackie Lacey,	Support	\$154,392.03		

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

SUBTOTAL \$250,531.34

Schedule E Summary

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1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$1,119,108.35
2. Unitemized payments made this period of under \$100	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$1,119,108.35

Sehadula E	. Amounts may be rounded	SCHEDULE				
Schedule E Payments Made	to whole dollars.	Statement covers period	CALIFORNIA FORM	460		
SEE INSTRUCTIONS ON REVERSE		through 12/31/2020	Page 12 of	17		
NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for	DA 2020, Sponsored by Public Safety Organizations		I.D. NUMBER 1422776			

CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure 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 messe PRO professional services (legal, a PRT print ads		RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, a TSF transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
The Strategy Group, LLC Chicago, IL 60654-7205	IND	CNS, Jackie Lacey	, Support	\$120,023.93
The Strategy Group, LLC Chicago, IL 60654-7205	IND	LIT, Jackie Lacey	, Support	\$93,070.21
The Strategy Group, LLC Chicago, IL 60654-7205	IND	Voter Data, Jacki	e Lacey, Support	\$3,304.10

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

SUBTOTAL \$216,398.24

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).	\$1,119,108.35
2. Unitemized payments made this period of under \$100	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$1,119,108.35

Cabadada E	. Amounts may be rounded				SC	HEDULE E
Schedule E Payments Made	to whole dollars.	Statement covers period	CALIF	ORNIA RM	A	460
SEE INSTRUCTIONS ON REVERSE		from 10/18/2020 through 12/31/2020	Page _	13	of	17
NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for DA	2020, Sponsored by Public Safety Organizations		1.D. NUMBE			

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 LEG legal defense LIT campaign literature and mailings	MBR member communicati MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	earch messenger services		RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, air TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cos	duction costs nd meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	co	DE OR	DESC	RIPTION OF PAYMENT	AMOUNT PAID
The Strategy Group, LLC Chicago, IL 60654-7205	IND	POS,	Jackie Lacey, S	Support	\$156,535.21
The Strategy Group, LLC Chicago, IL 60654-7205	IND	CNS,	Jackie Lacey, S	Support	\$121,502.60
VR Research, Inc. Oakland, CA 94612-1520	IND	POL,	Jackie Lacey, S	Support	\$604.01

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

SUBTOTAL \$278,641.82

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$1,119,108.35
2. Unitemized payments made this period of under \$100	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$1,119,108.35

Calculula C	. Amounts may be rounded	SCHEDULE					G
Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE	to whole dollars.	Statement covers period from 10/18/2020 through 12/31/2020		ORNI DRM 14	of	460	
NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Sponsore	ed by Public Safety Organizations		I.D. NUM 14227				

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CVC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
FND fundraising events	POL polling and survey research
IND independent expenditure	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Matthew Bright Dana Point, CA 92629-2212	IND	LIT	\$1,100.00
Matthew Bright Dana Point, CA 92629-2212	IND	LIT	\$1,100.00
Matthew Bright Dana Point, CA 92629-2212	IND	LIT	\$1,250.00
Cornerstone Printing Inc Novato, CA 94949-6085	IND	LIT	\$91,650. 21

Cabadula C	. Amounts may be rounded to whole dollars.	SCHEDULE G				
Schedule G Payments Made by an Agent or Independent	to whole donars.	Statement covers period	CALIFORNIA	460		
Contractor (on Behalf of This Committee)		from $\frac{10/18/2020}{12/31/2020}$	FORM Page 15 of			
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2020</u>				
NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Sponsored	by Public Safety Organizations		I.D. NUMBER 1422776	-		

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment,

CMP campaign paraphernaliamise. MB	R member communications
CNS campaign consultants MTC	G meetings and appearances
CTB contribution (explain nonmonetary)* OFC	coffice expenses
CVC civic donations PET	petition circulating
FIL candidate filing/ballot fees PHC) phone banks
FND fundraising events POI	polling and survey research
IND independent expenditure POS	S postage, delivery and messenger services
LEG legal defense PRO	D professional services (legal, accounting)
LIT campaign literature and mailings 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 candid ate/sponsor VOT voter registration WEB information technology costs (Internet, e-miji)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cornerstone Printing Inc Novato, CA 94949-6085	IND	LIT	\$91,650. 21
Cornerstone Printing Inc Novato, CA 94949-6085	IND	LIT	\$91,650. 21
Getty Images Seattle, WA 98104-3887	IND	LIT	\$85.00
Getty Images Seattle, WA 98104-3887	IND	LIT	\$85.00

Sahadala C	. Amounts may be rounded	SCHEDULE G			
Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE	to whole dollars.	Statement covers period from 10/18/2020 through 12/31/2020	CALIFORNIA FORM Page 16	460	
NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Sponsor	ed by Public Safety Organizations		I.D. NUMBER 1422776		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphemalia/misc.	MBR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CVC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
FND fundraising events	POL polling and survey research
IND independent expenditure	POS postage, delivery and messenger services
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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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Getty Images Seattle, WA 98104-3887	IND	LIT	\$170.00
Political Data Inc Norwalk, CA 90650-8352	IND	Voter Data	\$3,304.10
Political Data Inc Norwalk, CA 90650-8352	IND	Voter Data	\$3,304.10
Political Data Inc Norwalk, CA 90650-8352	IND	Voter Data	\$3,304.10

Sahadula C	. Amounts may be rounded to whole dollars.	SCHEDULE G				
Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE		Statement covers period from 10/18/2020 through 12/31/2020	CALIFORNIA FORM		A	460
			Page	17		17
NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Sponsor	red by Public Safety Organizations		1.D. NUME			

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CVC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
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IND independent expenditure	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
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*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID	
United States Postal Service Washington, DC 20260-0001	IND	POS	\$154,105. 21	
United States Postal Service Washington, DC 20260-0001	IND	POS	\$154,392. 03	
United States Postal Service Washington, DC 20260-0001	IND	POS	\$156,535. 21	

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)

\$753,685.38

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

TOTAL*

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

WEB information technology costs (Internet, e-mail)

TSF transfer between committees of the same candidate/sponsor

RFD returned contributions SAL campaign workers' salaries

VOT voter registration