Recipient Committee Campaign Statement Cover Page

| Campaign Statement   |  | 1   | LOS ANGELES CO                    | CALIFORNIA 460  |
|--|--|---|-----------------------------------|---|
| Cover Page   |  |   | -an MUGETER C(                    | 0U 2001/02 <b>700</b>   |
|  | Statement covers period                      | Date of election if applicable:<br>(Month, Day, Year) | 2021 AUG -2 PM                    | 6: FORM Page 1 of 15  |
|  | from 1/1/2021                                |   | PROPOSITION B                     | For Official Use Only   |
| SEE INSTRUCTIONS ON REVERSE  | through 6/30/2021                            |   | E-m q2 (                          | Ordi  |
| 1. Type of Recipient Committee: All Committees-                                    | Complete Parts 1, 2, 3, and 4.               | 2. Type of Staten                                     | nent:                             |   |
| ✓ Officeholder, Candidate Controlled Committee  State Candidate Election Committee | Primarily Formed Ballot Measure<br>Committee | ☐ Preelection Statem  ✓ Semi-annual Stater            | ent Q                             | Quarterly Statement<br>Special Odd-Year Report  |
| Recall   | Controlled                                   | Termination Statem                                    |                                   | pedial odd real Report  |
| (Also Complete Part 5)   | Sponsored                                    | (Also file a Form 410 T                               |                                   |   |
| General Purpose Committee  | (Also Complete Part 6)                       | Amendment (Expla                                      | in below)                         |   |
| Sponsored  | Primarily Formed Candidate/                  |   |                                   |   |
| Small Contributor Committee  | Officeholder Committee                       |   |                                   |   |
| Political Party/Central Committee  | (Also Complete Part 7)                       |   |                                   |   |
| Committee Information  | D. NUMBER<br>. 399573                        | Treasurer(s)  |                                   |   |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)                               |  | NAME OF TREASURER                                     |                                   |   |
| Committee for Stronger and Safer Neighborho  | bods - Supervisor                            | Janice Hahn MAILING ADDRESS                           |                                   |   |
|  |  | WALLING ADDITESS                                      |                                   |   |
| STREET ADDRESS (NO P.O. BOX)   |  | CITY  | STATE ZIP COD                     |   |
| ,  |  | Los Angeles   | CA 90017                          | 7 (213) 452-6565  |
| CITY STATE ZIP CODE  | AREA CODE/PHONE                              | NAME OF ASSISTANT TREAS                               | URER, IF ANY                      |   |
| Los Angeles CA 90017  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX    | (213) 452-6565                               | MAILING ADDRESS                                       |                                   |   |
| CITY STATE ZIP CODE  | AREA CODE/PHONE                              | CITY  | STATE ZIP COD                     | DE AREA CODE/PHONE  |
| OPTIONAL: FAX/E-MAIL ADDRESS (213) 452-6575 / sshin@kaufmanlegalgrou               | D. COM                                       | OPTIONAL: FAX/E-MAIL ADDR                             | RESS                              |   |
|  |  | of my knowledge the information co                    | ntained herein and in the attache | ed 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 |   |                                   | a constant to the confidence of the control of the |
| Executed on DATE   | Ву   | SIGNATURE OF TREASURER OR ASSIST                      | ANT TREASURER                     |   |
| Executed on  | By SIGNATURE OF CONTROLLING OFFI             | CEHOLDER, CANDIDATE, STATE MEASURE P                  | DODONENT OF DESPONSIBLE OFFICER   | R OF PROPONENT FPPC Form 460 (Jan/2016)   |
| Executed on  | Ву   | ¥2  |                                   | FPPC Advice:  |
| DATE   |  | CONTROLLING OFFICEHOLDER, CANDIDATI                   | E, OR STATE MEASURE PROPONENT     | advice@fppc.ca.gov<br>(866/275-3772)  |
| Executed on DATE   | BySIGNATURE OF                               | CONTROLLING OFFICEHOLDER, CANDIDATE                   | E, OR STATE MEASURE PROPONENT     | www.fppc.ca.gov   |

# CALIFORNIA 460 FORM

**Page** 2 **of** 15

| . Officeholder or Ca  | andidate Con            | trolled (       | Committee             | 6.Primarily Formed E                   | Ballot M      | easure Committe            | е                    |
|---|-------------------------|-----------------|-----------------------|--|---------------|----------------------------|----------------------|
| NAME OF OFFICEHOLDER OR   | CANDIDATE               |                 |                       | NAME OF BALLOT MEASURE                 |               |                            |                      |
| OFFICE SOUGHT OR HELD(INC   | CLUDE LOCATION AND      | DISTRICT NUM    | MBER IF APPLICABLE)   | BALLOT NO. OR LETTER                   | JURISD        | ICTION                     | SUPPORT              |
|   |                         |                 |                       |  |               |                            | OPPOSE               |
| RESIDENTIAL/BUSINESS ADDR   | RESS (NO. AND STREE     | T) CITY         | STATE ZIP             | Identify the controlling offi          | ceholder, d   | andidate, or state measu   | re proponent, if any |
|   |                         |                 |                       | NAME OF OFFICEHLOLDER, CAN             | NDIDATE, OR   | PROPONENT                  |                      |
| Related Committees No<br>not included in this statement the<br>contributions or make expendit | hat are controlled by y | ou or are prima | -                     | OFFICE SOUGHT OR HELD                  |               | DISTRICT NO                | D. IF ANY            |
| COMMITTEE NAME  |                         |                 | I.D. NUMBER           | 7. Primarily Formed Ca                 | ndidate       | Officeholder Com           | mittee List names of |
| Janice Hahn for St  | upervisor 201           | 16              | 1394146               | officeholder(s) or candidate(s) for wh | ich this comm | ittee is primarily formed. |                      |
| NAME OF CIREASURER ACCO   | unt                     |                 | CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OR CA             | NDIDATE       | OFFICE SOUGHT OR HEL       | n I —                |
| Janice Kay Hahn   |                         |                 | ✓ YES NO              | -                                      | NDIDATE       | OTTIOE GOOGHT ORTIEL       | SUPPORT              |
| COMMITTEE ADDRESS   | STREET ADDRESS          | (NO P.O. BOX)   |                       |  |               |                            | OPPOSE               |
|   |                         |                 |                       | NAME OF OFFICEHOLDER OR CA             | NDIDATE       | OFFICE SOUGHT OR HEL       | .D                   |
| CITY  | STATE                   | ZIP CODE        |                       |  |               |                            | SUPPORT              |
| Los Angeles   | CA                      | 90017-          | - 2134526565          | -                                      |               |                            | OPPOSE               |
| COMMITTEE NAME  |                         | 3004            | I.D. NUMBER           | NAME OF OFFICEHOLDER OR CA             | NDIDATE       | OFFICE SOUGHT OR HEL       | <u>n</u>             |
| Janice Hahn for S   | unervisor 20°           | 1.6             | 1.392563              | WINE OF OFFICEROEDER OR OA             | NDIDATE       | OTTIOE GOOGHT ORTIEL       | SUPPORT              |
| AAMEOOFTER ASSURER S  | -                       |                 | CONTROLLED COMMITTEE? | -                                      |               |                            | OPPOSE               |
| Janice Kay Hahn   | arra                    |                 | YES NO                | NAME OF OFFICEHOLDER OR CA             | NDIDATE       | OFFICE SOUGHT OR HEL       | .D SUPPORT           |
| COMMITTEE ADDRESS   | STREET ADDRESS          | (NO P.O. BOX)   |                       | -                                      |               |                            |                      |
|   |                         |                 |                       |  |               |                            | OPPOSE               |
| CITY  | STATE                   | ZIP CODE        |                       | -<br>Attach                            | continuati    | on sheets if necessary     |                      |
| Los Angeles   | CA                      | 90017-          | - 2134526565          | Attach                                 | Continuati    | on sheets if hecessary     |                      |
|   |                         | 5864            |                       | -                                      |               |                            |                      |

## Recipient Committee Campaign Statement Cover Page-Part 2

| COVER PAGE-PART 2 |            |      |     |  |  |  |
|-------------------|------------|------|-----|--|--|--|
| CALIF<br>FC       | ORN<br>ORM | IA Z | 160 |  |  |  |
| Page              | 3          | of   | 15  |  |  |  |

| . Officeholder or Cand   | lidate Controlled (             | Committee                     | 6.Primarily Formed B  | allot Measure       | Committee            |                   |
|--|---------------------------------|-------------------------------|---|---------------------|----------------------|-------------------|
| NAME OF OFFICEHOLDER OR CAND<br>Janice Hahn  | IDATE                           |                               | NAME OF BALLOT MEASURE  |                     |                      |                   |
| OFFICE SOUGHT OR HELD(INCLUDE Held: County Superv  |                                 | MBER IF APPLICABLE)           | BALLOT NO. OR LETTER  | JURISDICTION        |                      | SUPPORT           |
| County   | County                          | of Los Angeles 4              |   |                     |                      | OPPOSE            |
| RESIDENTIAL/BUSINESS ADDRESS (   | (NO. AND STREET) CITY           | STATE ZIP                     | Identify the controlling office                                 | ceholder, candidate | , or state measure p | roponent, if any  |
|  | Los Ar                          | igeles CA 90017               | NAME OF OFFICEHLOLDER, CAN                                      | IDIDATE, OR PROPONE | NT                   |                   |
| Related Committees Not Incomot included in this statement that are contributions or make expenditures of | e controlled by you or are prim | •                             | OFFICE SOUGHT OR HELD   |                     | DISTRICT NO. IF      | ANY               |
| COMMITTEE NAME   |                                 | I.D. NUMBER                   | 7. Primarily Formed Car officeholder(s) or candidate(s) for whi |                     |                      | tee List names of |
| NAME OF TREASURER  |                                 | CONTROLLED COMMITTEE?  YES NO | NAME OF OFFICEHOLDER OR CAN                                     | NDIDATE OFFIC       | E SOUGHT OR HELD     | SUPPORT           |
| COMMITTEE ADDRESS STR  | REET ADDRESS (NO P.O. BOX)      |                               | _   |                     |                      | OPPOSE            |
| CITY   | STATE ZIP COD                   | E AREA CODE/PHONE             | NAME OF OFFICEHOLDER OR CAN                                     | NDIDATE OFFIC       | E SOUGHT OR HELD     | SUPPORT           |
| COMMITTEE NAME   |                                 | I.D. NUMBER                   | NAME OF OFFICEHOLDER OR CAN                                     | NDIDATE OFFIC       | E SOUGHT OR HELD     | SUPPORT           |
| NAME OF TREASURER  |                                 | CONTROLLED COMMITTEE?         | <del></del>   |                     |                      | OPPOSE            |
| COMMITTEE ADDRESS OF   | DEET ADDDESS (NO.D.O. DOV)      | YES NO                        | NAME OF OFFICEHOLDER OR CAN                                     | NDIDATE OFFIC       | E SOUGHT OR HELD     | SUPPORT           |
| COMMITTEE ADDRESS STE  | REET ADDRESS (NO P.O. BOX)      |                               |   |                     |                      | OPPOSE            |
| CITY   | STATE ZIP COD                   | E AREA CODE/PHONE             | -<br>Attach   | continuation sheets | s if necessary       |                   |

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#### Amounts may be rounded to whole dollars.

Column B

CALENDAR YEAR

TOTAL TO DATE

\$0.00

\$0.00

\$0.00

\$0.00

Column A

Total This Period

(FROM ATTACHED SCHEDULES)

\$0.00

\$0.00

\$0.00

\$0.00

**Campaign Disclosure Statement Summary Page** 

4. Nonmonetary Contributions.....

1. Monetary Contributions...... Schedule A, Line 3

2. Loans Received...... Schedule B, Line 3

3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1+ 2

Statement covers period CALIFORNIA **FORM** 1/1/2021 from Page 4 of 6/30/2021 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

**Contributions Received** 

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

Schedule C, Line 3

1399573 **Calendar Year Summary for Candidates** Running in Both the State Primary and **General Elections** 1/1 through 6/30 7/1 to Date 20. Contributions Received 21. Expenditures

| 5. TOTAL CONTRIBUTIONS RECEIVED                         | Add Lines 3 + 4              | \$0.00      | \$0.00   | Made                    |  |
|---|------------------------------|-------------|--|-------------------------|--|
| Expenditures Made                                       |                              |             |  | Expenditure Limit Sun   | nmary for State                                      |
| 6. Payments Made  | Schedule E, Line 4           | \$5,684.26  | \$5,684.26   |                         |  |
| 7. Loans Made   | Schedule H, Line 3           | \$0.00      | \$0.00   | 22. Cumulative Ex       |  |
| 8. SUBTOTAL CASH PAYMENTS                               | Add Lines 6 + 7              | \$5,684.26  | \$5,684.26   | (If Subject to Volunta  | ary Expenditure Limit)                               |
| 9. Accrued Expenses (Unpaid Bills)                      | Schedule F, Line 3           | \$1,438.20  | \$4,134.46   | Date of Election        | Total to Date  |
| 10. Nonmonetary Adjustment                              | Schedule C, Line 3           | \$0.00      | \$0.00   | (mm/dd/yyyy)            |  |
| 11. TOTAL EXPENDITURES MADE                             | Add Lines 8 +9 + 10          | \$7,122.46  | \$9,818.72   |                         |  |
| Current Cash Statement                                  |                              |             |  | 1                       |  |
| 12. Beginning Cash Balance Previo                       | us Summary Page Line 16      | \$27,076.86 | To calculate Column B, add                                   |                         |  |
| 13. Cash Receipts                                       |                              | \$0.00      | amounts in Column A to the                                   |                         |  |
| 14. Miscellaneous Increases to Cash                     |                              | \$0.00      | corresponding amounts from Column B of your last report.     |                         |  |
| 15. Cash Payments                                       |                              |             | Some amounts in Column A may be negative figures that        |                         |  |
|   | _                            | \$5,684.26  | should be subtracted from                                    |                         | may be different from amounts                        |
| 16. ENDING CASH BALANCEAdd Lines 12+                    | 13+14, then subtract line 15 | \$21,392.60 | previous period amounts. If this is the first report being   | reported in schedule B. |  |
| If this is a termination statement, Line 16 must be zer | 0.                           |             | filed for this calendar year,<br>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 Outstan                            | ding Debts                   |             |  |                         |  |
| 18. Cash Equivalents                                    | See instructions on reverse  | \$0.00      |  |                         |  |
| 19. Outstanding Debts Add Line                          | 2+Line 9 in Column B above   | \$4,134.46  |  |                         | FPPC Form 460 (Jan/2016)                             |
|   | _                            |             |  | FPPC Advice:            | advice@fppc.ca.gov (866/275-3772)<br>www.fppc.ca.gov |

Statement covers period 1/1/2021 from 6/30/2021

| CALIFORNIA<br>FORM |   |    | 460 |
|--------------------|---|----|-----|
| Page               | 5 | of | 15  |

#### SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

| CODES: If one of the following codes accurately d  | lescribes the payı   | ment, you ma    | y enter the code. Otherwise | e, 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 LEG legal defense LIT campaign literature and mailings | MBR member communications MTG mee ings 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/spon VOT voter registration WEB information technology costs (Internet, e-mail) |        |             |
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I D. NUMBER)  |  | CODE            | OR DES                      | CRIPTION OF PAYMENT  |        | AMOUNT PAID |
| First Bank Merchant Svc Discount Atlanta, GA 30342-1651  |  | OFC             |                             |  |        | \$845.14    |
| First Bank Merchant Svc Discount Atlanta, GA 30342-1651  |  | OFC             |                             |  |        | \$9.95      |
| First Bank Merchant Svc Discount Atlanta, GA 30342-1651  |  | OFC             |                             |  |        | \$9.95      |
| * Payments that are contributions or independent expenditures  | must also be summar  | ized on Schedul | e D.                        | SU   | BTOTAL | \$865.04    |
| Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E  2. Unitemized payments made this period of under \$100  3. Total interest paid this period on loans. (Enter amount from S  |  |                 |                             |  |        | \$50.00     |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. En   | nter here and on the S   | Summary Page,   | Column A, Line 6.)          | то   |        | \$5,684.26  |
|  |  |                 |                             |  |        |             |

from 1/1/2021 Fage

Statement covers period

| CALIF<br>FO | IA , | 460 |    |
|-------------|------|-----|----|
| Page        | 6    | of  | 15 |

#### SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

| CODES: If one of the following codes accurately  | describes the payı  | ment, you ma   | ay enter the code. Otherwise | e, describe the paymen   | t.       |                     |
|--|---|--|------------------------------|--|----------|---------------------|
| 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 | MTG mee ings ar<br>OFC office expen<br>PET petition circu<br>PHO phone bank<br>POL polling and s<br>POS postage, de | MBR member communications MTG mee ings 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/sponse VOT voter registration WEB information technology costs (Internet, e-mail) |          | e candidate/sponsor |
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I D. NUMBER)  |   | CODE   | OR DES                       | CRIPTION OF PAYMENT  |          | AMOUNT PAID         |
| First Bank Merchant Svc Discount Atlanta, GA 30342-1651  |   | OFC  |                              |  |          | \$9.95              |
| First Bank Merchant Svc Discount Atlanta, GA 30342-1651  |   | OFC  |                              |  |          | \$9.95              |
| First Bank Merchant Svc Discount Atlanta, GA 30342-1651  |   | OFC  |                              |  |          | \$9.95              |
| * Payments that are contributions or independent expenditures  | must also be summar   | ized on Schedul  | e D.                         |  | SUBTOTAL | \$29.85             |
| Schedule E Summary  1. Itemized payments made this period. (Include all Schedule  2. Unitemized payments made this period of under \$100  3. Total interest paid this period on loans. (Enter amount from  |   |  |                              |  |          | \$50.00             |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. E  | Column A, Line 6.)  | Т  |                              | \$5,684.26   |          |                     |
|  |   |  |                              |  |          |                     |

CALIFORNIA Statement covers period **FORM** 1/1/2021 Page 6/30/2021

from

of 15 I.D. NUMBER

1399573

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

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

CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG mee ings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries

CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

POS postage, delivery and messenger services IND independent expenditure TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (Internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER) | CODE | OR DESCRIF | TION OF PAYMENT AMOU | INT PAID |
|--|------|------------|----------------------|----------|
| First Bank Merchant Svc Fee Atlanta, GA 30342-1651               | OFC  |            |                      | \$19.95  |
| First Bank Merchant Svc Fee Atlanta, GA 30342-1651               | OFC  |            |                      | \$44.95  |
| First Bank Merchant Svc Fee  Atlanta, GA 30342-1651              | OFC  |            |                      | \$44.95  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$109.85

#### **Schedule E Summary**

| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$5,634.26 |
|--|------------|
| 2. Unitemized payments made this period of under \$100   | \$50.00    |
| 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.) | \$5,684.26 |

Statement covers period CALIFORNIA 1/1/2021 6/30/2021

from

| FORM 460 |   |    |    |  |  |  |
|----------|---|----|----|--|--|--|
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| ·        |   |    |    |  |  |  |

I.D. NUMBER

1399573

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

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

CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG mee ings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations

PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND independent expenditure

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (Internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| First Bank Merchant Svc Fee Atlanta, GA 30342-1651                  | OFC     |                        | \$44.95     |
| First Bank Merchant Svc Fee Atlanta, GA 30342-1651                  | OFC     |                        | \$44.95     |
| First Bank Merchant Svc Fee Atlanta, GA 30342-1651                  | OFC     |                        | \$44.95     |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$134.85

#### **Schedule E Summary**

| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$5,634.26 |
|--|------------|
| 2. Unitemized payments made this period of under \$100   | \$50.00    |
| 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.) | \$5,684.26 |

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

#### Schedule E Payments Made

from 1/1/2021 through 6/30/2021

Statement covers period

CALIFORNIA 460
FORM
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

| 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 mee ings 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 VOT voter registration WEB information technology costs (Internet, e-mail) |                        | e candidate/sponsor |                                 |
|--|--|----------------|---|------------------------|---------------------|---------------------------------|
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I D. NUMBER)  |  | CODE           | OR  | DESCRIPTION OF PAYMENT |                     | AMOUNT PAID                     |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864  |  | PRO            |   |                        |                     | \$409.50                        |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864  |  | PRO            |   |                        |                     | \$352.50                        |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864  |  | OFC            |   |                        |                     | \$1.60                          |
| * Payments that are contributions or independent expenditures must   | t also be summariz   | zed on Schedul | ∌ D.  |                        | SUBTOTAL            | \$763.60                        |
| Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E sub  2. Unitemized payments made this period of under \$100   |  |                |   |                        | ······              | \$5,634.26<br>\$50.00<br>\$0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter h  | nere and on the Su   | ummary Page,   | Column A, Line 6.)  |                        | TOTAL               | \$5,684.26                      |

from 1/1/2021 through 6/30/2021

Statement covers period

| CALIF<br>FO | ORNI.<br>RM | A  | 460 |
|-------------|-------------|----|-----|
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#### SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

| CODES: If one of the following codes accurately of   | describes the payı   | ment, you ma    | y enter the code. Otherwise | e, 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 LEG legal defense LIT campaign literature and mailings | MBR member communications MTG mee ings 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 voor voter registration WEB information technology costs (Internet, e-mail) |                           |
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I D. NUMBER)  |  | CODE            | OR DESC                     | CRIPTION OF PAYMENT  | AMOUNT PAID               |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864  |  | OFC             |                             |  | \$12.66                   |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864  |  | PRO             |                             |  | \$3,622.50                |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864  |  | OFC             |                             |  | \$95.91                   |
| * Payments that are contributions or independent expenditures  | must also be summar  | ized on Schedul | e D.                        | SUBTOT   | <b>AL</b> \$3,731.0       |
| Schedule E Summary  1. Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100  3. Total interest paid this period on loans. (Enter amount from   |  |                 |                             |  | \$50.00                   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Er   | nter here and on the S   | Summary Page,   | Column A, Line 6.)          | TOTAL  | \$5,684.26                |
|  |  |                 |                             |  | EDDC Form 460 ( lan/2016) |

## Schedule F Accrued Expenses (Unpaid Bills)

from 1/1/2021 through 6/30/2021

Statement covers period

CALIFORNIA 460
FORM
Page 11 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER 1399573

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG mee ings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable air ime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (Internet, e-mail)

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR DESCRIPTION OF<br>PAYMENT | (a)<br>OUTSTANDING BALANCE<br>BEGINNING OF THIS<br>PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|--|--|
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864   | PRO                               | \$409.50  | \$0.00                                | \$409.50                                       | \$0.00   |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864   | OFC                               | \$12.66   | \$0.00                                | \$12.66  | \$0.00   |
| Kaufman Legal Group, APC  | PRO                               | \$352.50  | \$0.00                                | \$352.50                                       | \$0.00   |
| Los Angeles, CA 90017–5864  *Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS                         | \$774.66  | \$0.00                                | \$774.66                                       | \$0.00   |

#### Schedule F Summary

| Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)         | INCURRED TOTALS | \$2,214.46                               |
|--|-----------------|--|
| Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | PAID TOTALS     | \$776.26                                 |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)   | NET             | \$1,438.20<br>(May be a negative number) |

(a)

(d)

#### Schedule F **Accrued Expenses (Unpaid Bills)**

1/1/2021 from 6/30/2021

Statement covers period

CALIFORNIA **FORM** Page 12 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER 1399573

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

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

MTG mee ings 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 air ime 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)

(c)

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR DESCRIPTION OF<br>PAYMENT  | OUTSTANDING BALANCE<br>BEGINNING OF THIS<br>PERIOD | AMOUNT INCURRED<br>THIS PERIOD | AMOUNT PAID THIS<br>PERIOD<br>(ALSO REPORT ON E) | OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|--|--|--------------------------------|--|---|
| Kaufman Legal Group, APC   | OFC  | \$1.60   | \$0.00                         | \$1.60   | \$0.00  |
| Los Angeles, CA 90017-5864   |  |  |                                |  |   |
| Kaufman Legal Group, APC   | PRO  | \$0.00   | \$824.00                       | \$0.00   | \$824.00  |
| Los Angeles, CA 90017-5864   |  | ,,,,,  | , ,                            | , , , , ,  | , , , , , , ,                                     |
| Kaufman Legal Group, APC   | OFC  | \$0.00   | \$3.00                         | \$0.00   | \$3.00  |
| Los Angeles, CA 90017-5864   |  | , , , ,  | 40.00                          | , , , ,  | 40.00   |
|  |  |  |                                |  |   |
| *Payments that are contributions or independent expenditures must also be summarized on Schedule D.                  | SUBTOTALS  | \$1.60   | \$827.00                       | \$1.60   | \$827.00  |
| Schedule F Summary  1. Total accrued expenses incurred this period. (Include a                                       | all Schedule F. Column (h) subtotals   | for  |                                |  |   |
| accrued expenses of \$100 or more, plus total unitemized   | IN   | CURRED TOTALS                                      | \$2,214.46                     |  |   |
| 2. Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemized |  | PAID TOTALS  | \$776.26                       |  |   |
|  | 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) |  |                                |  | \$1,438.20  |
|  |  |  |                                | (141-  | ay be a negative number)                          |

(a)

(d)

#### Schedule F **Accrued Expenses (Unpaid Bills)**

1/1/2021 from 6/30/2021

Statement covers period

CALIFORNIA **FORM** Page 13 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER 1399573

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

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

MTG mee ings 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 air ime 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)

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR DESCRIPTION OF<br>PAYMENT  | OUTSTANDING BALANCE<br>BEGINNING OF THIS<br>PERIOD | AMOUNT INCURRED<br>THIS PERIOD | AMOUNT PAID THIS<br>PERIOD<br>(ALSO REPORT ON E) | OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|--|--|--------------------------------|--|---|
| Kaufman Legal Group, APC   | PRO  | \$0.00   | \$102.00                       | \$0.00   | \$102.00  |
| Los Angeles, CA 90017-5864   |  |  |                                |  |   |
| Kaufman Legal Group, APC   | OFC  | \$0.00   | \$9.29                         | \$0.00   | \$9.29  |
| Los Angeles, CA 90017-5864   |  | , , , ,  | +3.23                          | 40.00  | 73.23   |
| Kaufman Legal Group, APC   | PRO  | \$0.00   | \$180.00                       | \$0.00   | \$180.00  |
| Los Angeles, CA 90017-5864   | TNO  | 70.00  | 7100.00                        | 70.00  | 7100.00   |
|  |  |  |                                |  |   |
| *Payments that are contributions or independent expenditures must also be summarized on Schedule D.                                      | SUBTOTALS  | \$0.00   | \$291.29                       | \$0.00   | \$291.29  |
| Schedule F Summary   | II Oak adula E. Oakumu (b) auktatala   | £  |                                |  |   |
| <ol> <li>Total accrued expenses incurred this period. (Include a<br/>accrued expenses of \$100 or more, plus total unitemized</li> </ol> | IN   | CURRED TOTALS                                      | \$2,214.46                     |  |   |
| <ol><li>Total accrued expenses paid this period. (Include all So<br/>accrued expenses of \$100 or more, plus total unitemized</li></ol>  |  | PAID TOTALS  | \$776.26                       |  |   |
|  | 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) |  |                                |  | \$1,438.20  |
|  |  |  |                                | (M   | ay be a negative number)                          |

(a)

(d)

#### Schedule F **Accrued Expenses (Unpaid Bills)**

1/1/2021 from 6/30/2021

Statement covers period

CALIFORNIA **FORM** Page 14 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER 1399573

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

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG mee ings 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 air ime 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)

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR DESCRIPTION OF<br>PAYMENT  | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c) AMOUNT PAID THIS PERIOD  (ALSO REPORT ON E) | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |  |
|--|--|--|---------------------------------------|---|---|--|
| Kaufman Legal Group, APC   | OFC  | \$0.00   | \$3.85                                | \$0.00  | \$3.85                                      |  |
| Los Angeles, CA 90017-5864   | OFC  | 70.00  | 73.03                                 | 70.00   | 73.03                                       |  |
| Kaufman Legal Group, APC   | PRO  | \$0.00   | \$119.50                              | \$0.00  | \$119.50                                    |  |
| Los Angeles, CA 90017-5864   | PRO  | 30.00  | \$119.50                              | ŞU.UU   | \$119.50                                    |  |
| Kaufman Legal Group, APC   | 0.70   | 60.00  | 610.00                                | ¢0.00   | ¢10.00                                      |  |
| Los Angeles, CA 90017-5864   | OFC  | \$0.00   | \$12.82                               | \$0.00  | \$12.82                                     |  |
| *Payments that are contributions or independent expenditures must also be  | SUBTOTALS  | \$0.00   | \$136.17                              | \$0.00  | \$136.17                                    |  |
| Schedule F Summary  1. Total accrued expenses incurred this period. (Include a                                     | Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)  INCURRED TOTALS |  |                                       |   |   |  |
| Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemized) |  | PAID TOTALS                                      | \$776.26                              |   |   |  |
| 3. Net change this period. (Subtract Line 2 from Line 1. Er and on the Summary Page, Column A, Line 9.)            |  |  |                                       | NET   | \$1,438.20                                  |  |
| ,  |  |  |                                       | 1)  | May be a negative number)                   |  |
|  |  |  |                                       | F   | PPC Form 460 (Jan/2016)                     |  |

#### Schedule F **Accrued Expenses (Unpaid Bills)**

1/1/2021 from 6/30/2021

Statement covers period

CALIFORNIA **FORM** Page 15 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER 1399573

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

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG mee ings 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 air ime 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)

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR DESCRIPTION OF<br>PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|-----------------------------------|--|---------------------------------------|--|---|
| NGP Van, Inc.   | 0.73                              | 40.60  | *0.00                                 | 40.00  | 40.60.00  |
| Washington, DC 20005-5006   | OFC                               | \$960.00   | \$0.00                                | \$0.00   | \$960.00  |
| NGP Van, Inc.   |                                   |  |                                       |  |   |
| Washington, DC 20005-5006   | OFC                               | \$960.00   | \$0.00                                | \$0.00   | \$960.00  |
| NGP Van, Inc.   |                                   |  |                                       |  |   |
| Washington, DC 20005-5006   | OFC                               | \$0.00   | \$960.00                              | \$0.00   | \$960.00  |
|   |                                   |  |                                       |  | •   |
| *Payments that are contributions or independent expenditures must also be summarized on Schedule D.                                     | SUBTOTALS                         | \$1,920.00                                       | \$960.00                              | \$0.00   | \$2,880.00                                      |
| Schedule F Summary  1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized | IN                                | CURRED TOTALS                                    | \$2,214.46                            |  |   |
| 2. Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemized                    |                                   | PAID TOTALS                                      | \$776.26                              |  |   |
| 3. Net change this period. (Subtract Line 2 from Line 1. En and on the Summary Page, Column A, Line 9.)                                 |                                   |  |                                       | NET  | \$1,438.20                                      |
| and on the cummary rage, Column A, Line 9.,   |                                   |  |                                       | (  | May be a negative number)                       |
|   |                                   |  |                                       | _  |   |