

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

11/8/2022 (1)

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PROPOSITION B UNIT

CALIFORNIA FORM **460**

Page 1 of 13
For Official Use Only

Statement covers period
from 09/25/2022
through 10/22/2022

Date of election if applicable
(Month, Day, Year)
11/08/2022

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
Updated Schedule F.
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1453614

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Oakland CA 94607 (510) 423-4300

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
filings@seowenscompany.com

Treasurer(s)

NAME OF TREASURER
Stacy Owens

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Oakland CA 94607 (510) 423-4300

NAME OF ASSISTANT TREASURER, IF ANY
Peter Sullivan

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Oakland CA 94607 (510) 423-4300

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached 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 correct.

Executed on 11/07/2022
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP _____

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
Amendment to charter of County of Los Angeles granting the Board of Supervisors authority to remove an elected Sheriff for cause, by a 4/5 vote, after notice and an opportunity to be heard

| | | |
|---------------------------|------------------------------------|--|
| BALLOT NO. OR LETTER A | JURISDICTION Los Angeles County | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|---------------------------|------------------------------------|--|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>13</u> | I.D. NUMBER <u>1453614</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions <i>Schedule A, Line 3</i> | \$ <u>85,125.00</u> | \$ <u>285,125.00</u> |
| 2. Loans Received <i>Schedule B, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i> | \$ <u>85,125.00</u> | \$ <u>285,125.00</u> |
| 4. Nonmonetary Contributions <i>Schedule C, Line 3</i> | <u>4,962.56</u> | <u>16,594.74</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i> | \$ <u>90,087.56</u> | \$ <u>301,719.74</u> |

**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 Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made <i>Schedule E, Line 4</i> | \$ <u>117,576.64</u> | \$ <u>162,576.64</u> |
| 7. Loans Made <i>Schedule H, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i> | \$ <u>117,576.64</u> | \$ <u>162,576.64</u> |
| 9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i> | <u>27,931.17</u> | <u>28,502.67</u> |
| 10. Nonmonetary Adjustment <i>Schedule C, Line 3</i> | <u>4,962.56</u> | <u>16,594.74</u> |
| 11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i> | \$ <u>150,470.37</u> | \$ <u>207,674.05</u> |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|--|----------------------|
| 12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i> | \$ <u>155,000.00</u> |
| 13. Cash Receipts <i>Column A, Line 3 above</i> | <u>85,125.00</u> |
| 14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i> | <u>0.00</u> |
| 15. Cash Payments <i>Column A, Line 8 above</i> | <u>117,576.64</u> |
| 16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>122,548.36</u> |

If this is a termination statement, Line 16 must be zero.

| | |
|--|----------------|
| 17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|--|----------------|

Cash Equivalents and Outstanding Debts

| | |
|--|---------------------|
| 18. Cash Equivalents <i>See instructions on reverse</i> | \$ <u>0.00</u> |
| 19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>28,502.67</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations

1453614

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/19/2022 | American Civil Liberties Union Foundation of Southern California Los Angeles, CA 90017 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 25,000.00 | 125,000.00 | |
| 10/12/2022 | Timothy Disney Encino, CA 91436 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner The Rowena Group LLC | 5,000.00 | 5,000.00 | |
| 10/17/2022 | Michelle King Los Angeles, CA 90015 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed N/A | 100.00 | 100.00 | |
| 10/12/2022 | Patty Quillin Santa Cruz, CA 95060 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 50,000.00 | 50,000.00 | |
| 10/12/2022 | SEIU Local 2015 Issues PAC (ID# 1378400) Los Angeles, CA 90057 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,000.00 | 5,000.00 | |
| SUBTOTAL \$ | | | | 85,100.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 85,100.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 25.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 85,125.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2022 | |
| through | 10/22/2022 | Page <u>5</u> of <u>13</u> |
| NAME OF FILER | | I.D. NUMBER |
| Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations | | 1453614 |

SEE INSTRUCTIONS ON REVERSE

Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 09/30/2022 | American Civil Liberties Union of Southern California Los Angeles, CA 90017 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Staff Wages | 1,629.23 | 4,661.41 | |
| 10/19/2022 | LA Voice Action Los Angeles, CA 90010 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Printing | 3,333.33 | 3,333.33 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> | | | | | SUBTOTAL \$ | 4,962.56 | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 4,962.56
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 4,962.56

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2022 | |
| through | 10/22/2022 | Page 6 of 13 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations

I.D. NUMBER

1453614

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 | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings 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 |
| IND independent expenditure supporting/opposing others (explain)* | 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Big Easy Productions Inc. Beverly Hills, CA 90211 | | Video Production | 15,000.00 |
| Donor Stack, LLC Oakland, CA 94607 | WEB | | 574.60 |
| Ex Marketer West Covina, CA 91790 | CNS | | 7,500.00 |

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

SUBTOTAL \$ 23,074.60

Schedule E Summary

| | | |
|--|-----------------|------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 117,570.01 |
| 2. Unitemized payments made this period of under \$100 | \$ | 6.63 |
| 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 \$ | 117,576.64 |

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2022 | |
| through | 10/22/2022 | Page 7 of 13 |
| NAME OF FILER | | I.D. NUMBER |
| Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations | | 1453614 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings 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 |
| FL | 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 supporting/opposing others (explain)* | 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Los Angeles Sentinel Los Angeles, CA 90008 | MTG | | | 30,000.00 |
| Stephanie Luna Los Angeles, CA 90022 | CNS | | | 2,000.00 |
| Lynne Lyman Van Nuys, CA 91405 | FND | | | 3,500.00 |
| Lynne Lyman Van Nuys, CA 91405 | FND | | | 3,500.00 |
| Stefanie Lynch Los Angeles, CA 90041 | CNS | | | 2,000.00 |

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

SUBTOTAL \$ 41,000.00

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2022 | |
| through | 10/22/2022 | Page 8 of 13 |
| NAME OF FILER | | I.D. NUMBER |
| Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations | | 1453614 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings 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 |
| IND independent expenditure supporting/opposing others (explain)* | 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Nicholas Mave Los Angeles, CA 90008 | | | Outreach | 5,000.00 |
| MGA Consulting LLC Los Angeles, CA 90035 | CNS | | | 8,500.00 |
| S.E. Owens & Company Oakland, CA 94607 | PRO | | | 571.50 |
| S.E. Owens & Company Oakland, CA 94607 | PRO | | | 2,334.50 |
| SB Strategies, Inc. Woodland Hills, CA 91364 | CNS | | | 12,000.00 |

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

SUBTOTAL \$ 28,406.00

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2022 | |
| through | 10/22/2022 | Page 9 of 13 |
| I.D. NUMBER | | 1453614 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations

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 | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings 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 |
| IND | independent expenditure supporting/opposing others (explain)* | 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Union Graphics LLC Sun Valley, CA 91352 | CMP | | | 21,276.88 |
| Union Graphics LLC Sun Valley, CA 91352 | CMP | | | 3,812.53 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 25,089.41

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

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2022 | |
| through | 10/22/2022 | Page <u>10</u> of <u>13</u> |
| NAME OF FILER | | I.D. NUMBER |
| Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations | | 1453614 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations

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 | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings 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 |
| IND independent expenditure supporting/opposing others (explain)* | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | |
|---|-----------------------------------|---|---------------------------------------|---|--|------------------|
| Cynthia Ayon Los Angeles, CA 90025 | RAD | 0.00 | 500.00 | 0.00 | 500.00 | |
| Cynthia Ayon Los Angeles, CA 90025 | RAD | 0.00 | 24,990.00 | 0.00 | 24,990.00 | |
| Big Easy Productions Inc. Beverly Hills, CA 90211 | Video Production | 0.00 | 1,200.00 | 0.00 | 1,200.00 | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | SUBTOTALS \$ | 0.00\$ | 26,690.00\$ | 0.00\$ | 26,690.00 |

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 accrued expenses under \$100.)..... **INCURRED TOTALS \$** 28,502.67
- 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 \$** 571.50
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 27,931.17
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

SCHEDULE F (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2022 | |
| through | 10/22/2022 | Page 11 of 13 |
| NAME OF FILER | | I.D. NUMBER |
| Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations | | 1453614 |

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 | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings 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 |
| FL 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 supporting/opposing others (explain)* | 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) |

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Stefanie Lynch Los Angeles, CA 90041 | MTG | 0.00 | 21.04 | 0.00 | 21.04 |
| Stefanie Lynch Los Angeles, CA 90041 | MTG | 0.00 | 5.25 | 0.00 | 5.25 |
| Stefanie Lynch Los Angeles, CA 90041 | TRS | 0.00 | 132.63 | 0.00 | 132.63 |
| S.E. Owens & Company Oakland, CA 94607 | PRO | 571.50 | 0.00 | 571.50 | 0.00 |
| SUBTOTALS \$ | | 571.50 \$ | 158.92 \$ | 571.50 \$ | 158.92 |

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2022 | |
| through | 10/22/2022 | Page 12 of 13 |

| | |
|--|-------------|
| NAME OF FILER | I.D. NUMBER |
| Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations | 1453614 |

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

- | | | |
|---|---|---|
| GMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings 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 |
| IND independent expenditure supporting/opposing others (explain)* | 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) |

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Savage Concepts LLC, dba Savage Tacos Long Beach, CA 90815 | MTG | 0.00 | 1,653.75 | 0.00 | 1,653.75 |
| | | | | | |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 0.00 \$ | 1,653.75 \$ | 0.00 \$ | 1,653.75 |

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

| | | |
|-------------------------|------------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/2022 | |
| through | 10/22/2022 | Page <u>13</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations

I.D. NUMBER

1453614

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Cynthia Ayon

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 | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings 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 |
| IND | independent expenditure supporting/opposing others (explain)* | 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) |

* 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 |
|---|------|----|------------------------|-------------|
| KLAX-FM Los Angeles, CA 90036 | RAD | | | 15,160.00 |
| KXOL-FM Los Angeles, CA 90036 | RAD | | | 9,830.00 |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 24,990.00

* 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.