Campaign Statement Cover Page		्रम् १९७२ प	BANGELES	COURTY	COVER CALIFORNIA 2001/02
	Statement covers period	Date of election if applicable:	123 FEB -3 . A	MII:	FORM
	from 10/23/2022	(Month, Day, Year)	RO: DSITIO	I B UNIT	Page 1 of 17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2022</u>	-	1/31/23	(Em)	
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of State	ment:		
✓ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	Preelection State	ment	Quarte	rly Statement
State Candidate Election Committee	Committee	Semi-annual State	ement	Specia	Odd-Year Report
Recall	Controlled	Termination State	ment		
(Also Complete Part 5)	Sponsored	(Also file a Form 410		-	
General Purpose Committee	(Also Complete Part 6)	Amendment (Exp	ain below)		
Sponsored	Primarily Formed Candidate/				
Small Contributor Committee	Officeholder Committee				
Political Party/Central Committee	(Also Complete Part 7)				
3. Committee Information	1.D. NUMBER 1399573	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Committees Four Othersense and Orf. 11 11					
Committee for Stronger and Safer Neighbork	noods - Supervisor	Janice Hahn			
Committee for Stronger and Safer Neighbork Janice Hahn Ballot Measure Committee	noods - Supervisor	Janice Hahn MAILING ADDRESS			
Janice Hahn Ballot Measure Committee	noods - Supervisor	-	STATE	ZIP CODE	AREA CODE/PHONE
	noods - Supervisor	MAILING ADDRESS	STATE CA	ZIP CODE 90017	
Janice Hahn Ballot Measure Committee STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	AREA CODE/PHONE	MAILING ADDRESS	CA		
Janice Hahn Ballot Measure Committee		MAILING ADDRESS CITY Los Angeles	CA		
Janice Hahn Ballot Measure Committee STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Los Angeles CA 90017	AREA CODE/PHONE	MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREA	CA		AREA CODE/PHONE
Janice Hahn Ballot Measure Committee STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Los Angeles CA 90017 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS	AREA CODE/PHONE (213) 452~6565 AREA CODE/PHONE	MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREA MAILING ADDRESS	CA SURER, IF ANY STATE	90017	(213) 452-656
Janice Hahn Ballot Measure Committee STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Los Angeles CA 90017 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS (213) 452-6575 / sshin@kaufmanlegalgro	AREA CODE/PHONE (213) 452~6565 AREA CODE/PHONE up.com	MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREA MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADD	CA SURER, IF ANY STATE DRESS	90017 ZIP CODE	(213) 452-656 AREA CODE/PHONE
Janice Hahn Ballot Measure Committee STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Los Angeles CA 90017 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS	AREA CODE/PHONE (213) 452~6565 AREA CODE/PHONE	MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREA MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADD st of my knowledge the information of	CA SURER, IF ANY STATE DRESS	90017 ZIP CODE	(213) 452-656
Janice Hahn Ballot Measure Committee STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Los Angeles CA 90017 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS (213) 452-6575 / sshin@kaufmanlegalgro 4. Verification I have used all reasonable diligence in preparing under penalty of perjury under the laws of the Sta Executed on	AREA CODE/PHONE (213) 452~6565 AREA CODE/PHONE	MAILING ADDRESS CITY LOS Angeles NAME OF ASSISTANT TREA MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADD st of my knowledge the information of d correct.	CA SURER, IF ANY STATE DRESS	90017 ZIP CODE	(213) 452-656 AREA CODE/PHONE
Janice Hahn Ballot Measure Committee STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE LOS Angeles CA 90017 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS (213) 452-6575 / sshin@kaufmanlegalgro 4. Verification These used all reasonable diligence in preparing under penalty of perjury under the laws of the Sta	AREA CODE/PHONE (213) 452~6565 AREA CODE/PHONE up.com and reviewing this statement and to the best te of California that the foregoing is true an	MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREA MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADD st of my knowledge the information of	CA SURER, IF ANY STATE DRESS	90017 ZIP CODE	(213) 452-656 AREA CODE/PHONE dules is true and complete.
Janice Hahn Ballot Measure Committee          STREET ADDRESS (NO P.O. BOX)         CITY       STATE       ZIP CODE         Los Angeles       CA       90017         MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX         CITY       STATE       ZIP CODE         OPTIONAL: FAX/E-MAIL ADDRESS       (213)       452-6575 / sshin@kaufmanlegalgrof         4. Verification       I have used all reasonable diligence in preparing under penalty of perjury under the laws of the Sta         Executed on       DATE         Executed on       DATE	AREA CODE/PHONE (213) 452~6565 AREA CODE/PHONE up.com and reviewing this statement and to the best te of California that the foregoing is true an By By	MAILING ADDRESS CITY LOS Angeles NAME OF ASSISTANT TREA MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADD st of my knowledge the information of d correct.	CA SURER, IF ANY STATE DRESS	90017 ZIP CODE the attached sche	(213) 452-656 AREA CODE/PHONE dules is true and complete. In DPONENT FPPC Form 460 (
Janice Hahn Ballot Measure Committee          STREET ADDRESS (NO P.O. BOX)         CITY       STATE       ZIP CODE         Los Angeles       CA       90017         MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX         CITY       STATE       ZIP CODE         OPTIONAL: FAX/E-MAIL ADDRESS       (213)       452-6575 / sshin@kaufmanlegalgroid         4. Verification       I have used all reasonable diligence in preparing under penalty of perjury under the laws of the State         Executed on       DATE	AREA CODE/PHONE (213) 452~6565 AREA CODE/PHONE up.com and reviewing this statement and to the best te of California that the foregoing is true an By By By	MAILING ADDRESS CITY LOS Angeles NAME OF ASSISTANT TREA MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADD st of my knowledge the information of d correct. SIGNATURE OF TREASURER OR ASSI	CA SURER, IF ANY STATE ORESS contained herein and in STANT TREASURER	90017 ZIP CODE the attached sche	(213) 452-656 AREA CODE/PHONE dules is true and complete.

**COVER PAGE-PART 2** 



NAME OF OFFICEHOLDER OR CANDIDATE				
OFFICE SOUGHT OR HELD(INCLUDE LOCA	TION AND DI	STRICT NUN	/BER IF APPLICABLE)	
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREET)	CITY	STATE ZII	P
Related Committees Not Include not included in this statement that are cont contributions or make expenditures on beh	rolled by you	or are prima	· · · · · · · · · · · · · · · · · · ·	
COMMITTEE NAME			I.D. NUMBER	
Janice Hahn for Supervis	or 2016		1394146	
WinteioreiroAsiver Account			CONTROLLED COMMITTEE?	
Janice Kay Hahn			✓ YES NO	
COMMITTEE ADDRESS STREET	ADDRESS (NC	P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Los Angeles	CA	90017-	- 2134526565	
		5864		
COMMITTEE NAME		5864	I.D. NUMBER	
COMMITTEE NAME NAME OF TREASURER		5864	I.D. NUMBER CONTROLLED COMMITTEE?	
NAME OF TREASURER	ADDRESS (NO		CONTROLLED COMMITTEE?	

# 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
		OPPOSE

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

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	SUPPORT
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	

Attach continuation sheets if necessary

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

#### **COVER PAGE-PART 2**



## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE		
Janice Hahn		
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND	DISTRICT NUMBER IF APP	LICABLE)
Held: County Supervisor		
County	County of Los A	Angeles 4
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY	STATE ZIP
	Los Angeles	CA 90017

**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			EE? NO
COMMITTEE ADDRESS	STREET ADDRESS (N	O P.O. BOX)	
CITY	STATE	ZIP CODE AREA CODE/PHON	E
COMMITTEE NAME		I.D. NUMBER	
NAME OF TREASURER			EE? NO
COMMITTEE ADDRESS	STREET ADDRESS (N	O P.O. BOX)	
CITY	STATE	ZIP CODE AREA CODE/PHON	E

# 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
		OPPOSE

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

NAME OF OFFICEHLOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT	OR	HELD
---------------	----	------

# 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	SUPPORT
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE		SUPPORT
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		OPPOSE

Attach continuation sheets if necessary

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

Compaign Disologuro Statement	Amounts may	ounts may be rounded		SUMMARY PAGE		
Campaign Disclosure Statement Summary Page	to whole de		Statement covers period	CALIFORNIA 460		
Summary r age			from 10/23/2022	FORM		
			through 12/31/2022	Page <u>4</u> of <u>17</u>		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMBER		
Committee for Stronger and Safer Neighborhoods - Supervisor	r Janice Hahn Ballot M	leasure Committee		1399573		
Contributions Received	<b>Column A</b> Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR ) TOTAL TO DATE		mmary for Candidates he State Primary and		
1. Monetary Contributions Schedule A, Line 3	\$55,000.00	\$303,000.0	00	1/1 through 6/30 7/1 to Date		
2. Loans Received Schedule B, Line 3	\$0.00	\$0.0		Diffundugit 6,00		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$55,000.00	\$303,000.0				
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.0	21. Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$55,000.00	\$303,000.0	Made			
Expenditures Made				Summary for State		
6. Payments Made Schedule E, Line 4	\$144,834.82	\$443,852.8				
7. Loans Made Schedule H, Line 3	\$0.00	\$0.0	22. Cumulativ	ve Expenditures Made *		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$443,852.8	(If Subject to )	Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		\$0.0		Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3		\$0.0	) (mm/dd/yyyy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	\$144,834.82	\$443,852.8	<u>57</u>			
Current Cash Statement		ĺ	-			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$148,948.40	To calculate Column B, add				
13. Cash Receipts Column A, Line 3 above		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. Cash Payments Column A, Line 8 above	\$144,834.82	may be negative figures that should be subtracted from	*Amounts in this se	ction may be different from amounts		
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$59,113.58	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		1				
18. Cash Equivalents See instructions on reverse	\$0.00	1				
19. Outstanding Debts       Add Line 2+Line 9 in Column B above			FPPC A <sup>,</sup>	FPPC Form 460 (Jan/2016) dvice: advice@fppc.ca.gov (866/275-3772)		

Schedule A	N	. Ar	nounts may be rounded				S	CHEDULE
	Contributions Received		to whole dollars.	Statement covers	•	CALIFO FOR		460
SEE INSTRUCTIO	NS ON REVERSE			through $\frac{12/31/2}{2}$		Page	5 <b>of</b>	17
NAME OF FILER Committee for S	tronger and Safer Neighborhoods - Supervisor Janice Hah	n Ballot Measure	Committee			I.D. NUMBER 1399573		
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	CALENE	IVE TO DATE DAR YEAR 1-DEC. 31)	тс	ELECTION DATE EQUIRED)
11/02/2022	Building A Stronger California, sponsored by Southwest Regional Council of Carpenters SCC	IND COM OTH		\$15,000.00	\$15,	000.00		
	Los Angeles, CA 90071-1712 ID: 870169	□ PTY ✓ SCC						
11/02/2022	California Association of Professional Employees PAC			AF 000 00	ė1 0			
	Long Beach, CA 90807-4013 ID: 761351	ОТН РТҮ SCC		\$5,000.00	ŞIU,	000.00		
11/02/2022	Service Employees International Union Local 721 CTW, CLC			\$25,000.00	ĊOE	.000.00		
	Los Angeles, CA 90017-4510 ID: 1296889			\$25,000.00	, cΣç	000.00		
12/08/2022	Union of American Physicians and Dentists Independent Expenditure Committee Restricted-Use Account			\$10,000.00	\$10,	000.00		

\_\_\_отн **PTY** 

SCC

Sacramento, CA 95814-4715 ID: 1395989

SUBTOTA	<b>AL</b> \$55,000.00	
Schedule A Summary		*Contributor Codes
1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.)	\$55,000.00	IND- Individual COM- Recipient Committee (other than PTY or SCC)
<ol> <li>Amount received this period -uniternized monetary contributions of less than \$100</li> <li>Total monetary contributions received this period.</li> </ol>	\$0.00	OTH- O her (e.g., business entity) PTY- Political Party SCC- Small Contributor Committee
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)	\$55,000.00	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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

SCHEDULE A

Schedule D			. Amounts may be rounded to whole dollars.					SCHI	EDULE D
Supporting/	f Expenditures /Opposing Other , Measures and Committees			from 10/	covers period	CALIF FO Page	RM	of	<b>60</b>
SEE INSTRUCTION	S ON REVERSE			through 12/	31/2022	-	0		
NAME OF FILER Committee for St:	ronger and Safer Neighborhoods - Supervisor Janice	e Hahn Ballot Meas	sure Committee			I.D. NUMBI 139957			
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 CALENDAR (JAN. 1-DEC	YEAR		LECTIC DATE REQUIRI	
10/27/2022	Cerritos College Safety, Repair, Career Training Measure City of Cerritos NO: CC	Monetary Contribution	LIT & POS	\$29,821.13	\$29,8	821.13			
	Support Oppose	Expenditure							
10/27/2022	Yes on Meausre LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators LA Community College District (LACCD) NO: LA	Monetary Contribution	LIT & POS	\$37,038.03	\$81,8	870.03			
	Support Oppose	Independent Expenditure							
10/27/2022	Repairing & Updating Neighborhood Schools City of Downey NO: K	Monetary Contribution	LIT & POS	\$12,633.85	\$12,0	633.85			
	Support Oppose								

	SUBTOTAL	\$79,493.01	
Schedule D Summary			
1. Itomized contributions and independent expenditures made this period. (Include all Schedule D	cubtotale )		\$114,771.8

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$114,771.82
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.)	\$114,771.82

Schedule D			. Amounts may be rounded to whole dollars.				SCHEDULE D
Supporting	f Expenditures /Opposing Other , Measures and Committees			from 10/2	23/2022		ORNIA RM 7 of 17
SEE INSTRUCTION	IS ON REVERSE			through $\frac{12}{2}$	31/2022	-	
NAME OF FILER Committee for St	ronger and Safer Neighborhoods - Supervisor Janice	Hahn Ballot Meas	sure Committee			I.D. NUMB 139957	
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 T CALENDAR (JAN. 1-DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/27/2022	Classroom Repair, Student Achievement, Health and Safety Measure City of Long Beach NO: Q	Monetary Contribution	LIT & POS	\$35,278.81	\$35,2	278.81	
	Support Oppose	Experiature					

SUBTOTAL \$3	5,278.81
Schedule D Summary	
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$114,771.82
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.)	

Schedule E	. Amounts may be rounded to whole dollars.				SC	CHEDULE E
Payments Made		Statement covers period	CALIFORNIA		Α	460
r ayments made		from 10/23/2022	FO	RM		400
SEE INSTRUCTIONS ON REVERSE		through 12/31/2022	Page	8	of	
NAME OF FILER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ba	llot Measure Committee		I.D. NUMB 139957			]

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 con MTG mee ings an OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	d appearances ses lating s urvey research ivery and messeng		on costs eals meals he same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Jacobson & Zilber Strategies LLC Los Angeles, CA 90027-3480		IND	LIT & POS, Measure CC the Cerritos Colleg Safety, Repair, Career Training Measure, Support	e \$29,821.13
Jacobson & Zilber Strategies LLC Los Angeles, CA 90027-3480		IND	LIT & POS, Yes on Measure LA Committee fo Quality Education and Student Success, Support	r \$37,038.03
Jacobson & Zilber Strategies LLC Los Angeles, CA 90027-3480		IND	LIT & POS, Measure K - Repairing & Updati Neighborhood Schools, Support	ng \$12,633.85

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL	\$79,493.01

# Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$144,784.82
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.)	\$144,834.82

Schedule E	. Amounts may be rounded to whole dollars.		SCHEDULE E
Payments Made		Statement covers period	CALIFORNIA 460
r dyments made		from 10/23/2022	FORM <b>FOO</b>
SEE INSTRUCTIONS ON REVERSE		through 12/31/2022	Page 9 of 17
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 cor MTG mee ings ar OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, del PRO professional PRT print ads	id appearances ses lating s urvey research ivery and messer		RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cos TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sa VOT voter registration WEB information technology costs (Internet	s me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jacobson & Zilber Strategies LLC Los Angeles, CA 90027-3480		IND		Measure Q - Classroom Repair, chievement, Health and Safety Support	\$35,278.81
Kaufman Legal Group, APC Los Angeles, CA 90017-5864		PRO			\$1,746.00
Kaufman Legal Group, APC Los Angeles, CA 90017-5864		OFC			\$17.00
* Payments that are contributions or independent expenditures m	nust also be summar	ized on Schedu	lle D.	SUBTOTAL	\$37,041.81

# Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$144,784.82
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.)	\$144,834.82

Schedule E	. Amounts may be rounded to whole dollars.		SCHEDULE E
Payments Made	to whole donars.	Statement covers period	CALIFORNIA 460
		from 10/23/2022	FORIWI
SEE INSTRUCTIONS ON REVERSE		through $\frac{12/31/2022}{2000}$	Page <u>10</u> of <u>17</u>
NAME OF FILER			I.D. NUMBER
Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hah	n Ballot Measure Committee		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	 id appearances ses lating s		RFD ff SAL ca TEL t.v TRC ca TRS st TSF tra VOT ve	adio airtime and production costs aturned contributions ampaign workers' salaries 2. or cable airtime and production costs andidate travel, lodging, and meals taff/spouse travel, lodging, and meals ansfer between committees of the sam oter registration nformation technology costs (Internet, o	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE (	OR	DESCRIPTION C	DF PAYMENT	AMOUNT PAID
Megan Egoscue Inc Long Beach, CA 90807-2435	CNS				\$20,000.00
Megan Egoscue Inc Long Beach, CA 90807-2435	CNS				\$8,250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL	\$28,250.00
Schedule E Summary		
1. Itemized payments made this period. (Include all Schedule E subtotals.)		\$144,784.82
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.)	TOTAL	\$144,834.82

Schedule G	. Amounts may be rounded to whole dollars.	SCHEDULE G			
Payments Made by an Agent or Independent		Statement covers period	CALIFORNIA 460		
Contractor (on Behalf of This Committee)		from 10/23/2022	FORM FORM		
SEE INSTRUCTIONS ON REVERSE		through $\frac{12/31/2022}{2022}$			
OF FILER ttee 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	RAD radio airtime and production costs
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
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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bulletproof	T.T.M.		
Capitola, CA 95010-2513	LIT		\$47.50
Bulletproof	LIT		\$47.50
Capitola, CA 95010-2513			\$¥7.50
Bulletproof	LIT		\$47.50
Capitola, CA 95010-2513			Ş = 7 = 50
Bulletproof	LIT		\$47.50
Capitola, CA 95010-2513			\$¥7.50

Schedule G	. Amounts may be rounded to whole dollars.	SCHEDULE G			
Payments Made by an Agent or Independent		Statement covers period	CALIFORNIA	460	
Contractor (on Behalf of This Committee)		from 10/23/2022	FORM Page 12 of	17	
SEE INSTRUCTIONS ON REVERSE		through $\frac{12/31/2022}{2022}$			
<b>OF FILER</b> ttee 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	RAD radio airtime and production costs
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
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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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OF	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Bullseye Marketing Northridge, CA 91324-3512	POS		\$14,399. 63
Bullseye Marketing Northridge, CA 91324-3512	POS		\$17,304. 31
Bullseye Marketing Northridge, CA 91324-3512	POS		\$4,362.96
Bullseye Marketing Northridge, CA 91324-3512	POS		\$18,265. 57

Schedule G	. Amounts may be rounded to whole dollars.	SCHEDULE G			
Payments Made by an Agent or Independent	to whole dollars.	Statement covers period	CALIFORNIA 460		
Contractor (on Behalf of This Committee)		from 10/23/2022			
SEE INSTRUCTIONS ON REVERSE		through $\frac{12/31/2022}{2022}$			
NAME OF FILER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ball	shbarbaada Cunarrigan Janiga Habn Ballat Maagura Committaa		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	RAD radio airtime and production costs
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
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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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
Franchise Tax Board Los Angeles, CA 90013-1265	OFC		\$767.60
Franchise Tax Board Los Angeles, CA 90013-1265	OFC		\$939.42
Franchise Tax Board Los Angeles, CA 90013-1265	OFC		\$877.58
Franchise Tax Board Los Angeles, CA 90013-1265	OFC		\$360.21

Sabadula G	. Amounts may be rounded to whole dollars.	SCHEDULE G		
Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		from 10/23/2022	CALIFORNIA FORM 460 Page 14 of 17	
SEE INSTRUCTIONS ON REVERSE		through $\frac{12/31/2022}{2022}$		
NAME OF FILER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballo	Changer and Cafer Neighberheads - Cunemiger Janige Help Dellet 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	RAD radio airtime and production costs
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
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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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Inc. Norwalk, CA 90650-8352		Voter Data	\$1,234.88
Political Data Inc. Norwalk, CA 90650-8352		Voter Data	\$1,473.89
Political Data Inc. Norwalk, CA 90650-8352		Voter Data	\$1,670.30
Political Data Inc. Norwalk, CA 90650-8352		Voter Data	\$360.58

Schedule G	. Amounts may be rounded to whole dollars.	SCHEDULE G		
Payments Made by an Agent or Independent		Statement covers period	CALIFORNIA	460
Contractor (on Behalf of This Committee)		from 10/23/2022		17
SEE INSTRUCTIONS ON REVERSE		through $\frac{12/31/2022}{2022}$		
NAME OF FILER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Bal	Superviser Japice Haby Ballet 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	RAD radio airtime and production costs
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
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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
Union Graphics LLC	LIT		49 209 26
Sun Valley, CA 91352-1064			\$8,298.36
Union Graphics LLC	LIT		\$10,155.
Sun Valley, CA 91352-1064			94
Union Graphics LLC	LIT		\$9,487.30
Sun Valley, CA 91352-1064			07.00
Union Graphics LLC	LIT		\$3,894.21
Sun Valley, CA 91352-1064			φ <b>3,094.</b> 21

Schedule G	. Amounts may be rounded to whole dollars.	SCHEDULE G		
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		Statement covers period from $\frac{10/23/2022}{12/21/2022}$	CALIFORNIA FORM Page 16 or	<b>460</b>
SEE INSTRUCTIONS ON REVERSE		through $\frac{12/31/2022}{2022}$		
NAME OF FILER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballo	- for Obversey and Opfer Mainhaubanda - Oppendiate Tanias Webs Pallat 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	RAD radio airtime and production costs
CNS campaign consultants	MTG mee ings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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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)

\*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 OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ken Van Hoy Boulder, CO 80301-3926	LIT		\$600.00
Ken Van Hoy Boulder, CO 80301-3926	LIT		\$600.00
Ken Van Hoy Boulder, CO 80301-3926	LIT		\$600.00
Ken Van Hoy Boulder, CO 80301-3926	LIT		\$600.00
Attach additional information on annuarriately labeled continuation about	1		

Attach additional information on appropriately labeled continuation sheets.

Schedule G	. Amounts may be rounded to whole dollars.	SCHEDULE G		
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	to whole donars.	Statement covers period from 10/23/2022	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE		through 12/31/2022	Page 17 of	
NAME OF FILER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot	A Cofee Neighborhood Companying Taning Webs Pollet Mersury Committee		I.D. NUMBER 1399573	

# NAME OF AGENT OR INDEPENDENT CONTRACTOR

### Bullseye Marketing

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 mee ings and appearances	RFD returned contributions
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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 OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Los Angeles, CA 90017-3710	POS		\$11,749. 59
United States Postal Service Los Angeles, CA 90017-3710	POS		\$15,113. 00
United States Postal Service Los Angeles, CA 90017-3710	POS		\$14,698. 64
United States Postal Service Los Angeles, CA 90017-3710	POS		\$3,461.52
Attach additional information on appropriately labeled continuation sheets.	•	TOTAL*	\$45,022.75

\* 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.

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