

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

RECEIVED BY  
LOS ANGELES COUNTY  
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PROPOSITION 6 UNIT  
1/31/23 (EM)

**CALIFORNIA 460**  
2001/02  
**FORM**

Page 1 of 16  
For Official Use Only

Statement covers period  
from 1/1/2022  
through 12/31/2022

Date of election if applicable:  
(Month, Day, Year)

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)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1437443

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
District Attorney George Gascon Ballot Measure Committee

STREET ADDRESS (NO P.O. BOX)

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA    | 90017    | (213) 452-6565  |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS  
sshin@kaufmanlegalgroup.com

**Treasurer(s)**

NAME OF TREASURER  
Jamarah Hayner

MAILING ADDRESS

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA    | 90017    | (213) 452-6565  |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

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 \_\_\_\_\_  
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 PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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<br>George Gascon for District Attorney | I.D. NUMBER<br>1426300 |
|---|------------------------|

|                                     |  |
|-------------------------------------|--|
| NAME OF TREASURER<br>Jamarah Hayner | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------------------------|--|

|                   |                              |          |                 |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |          |                 |
| CITY              | STATE                        | ZIP CODE | AREA CODE/PHONE |
| Los Angeles       | CA                           | 90017-   | 2134526565      |
|                   |                              | 5864     |                 |

|   |                        |
|---|------------------------|
| COMMITTEE NAME<br>District Attorney George Gascon | I.D. NUMBER<br>1436344 |
|---|------------------------|

|                                     |  |
|-------------------------------------|--|
| NAME OF TREASURER<br>Jamarah Hayner | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------------------------|--|

|                   |                              |          |                 |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |          |                 |
| CITY              | STATE                        | ZIP CODE | AREA CODE/PHONE |
| Los Angeles       | CA                           | 90017-   | 2134526565      |
|                   |                              | 5864     |                 |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |                                  |
|----------------------|--------------|----------------------------------|
| BALLOT NO. OR LETTER | JURISDICTION | <input 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

Recipient Committee  
Campaign Statement  
Cover Page-Part 2

**5. Officeholder or Candidate Controlled Committee**

|   |             |             |       |
|---|-------------|-------------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE<br>George Gascon  |             |             |       |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)<br>Held: District Attorney |             |             |       |
| County  |             | Los Angeles |       |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   | 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 | CONTROLLED COMMITTEE?<br><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?<br><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  |              |   |
| BALLOT NO. OR LETTER  | JURISDICTION | <input type="checkbox"/> SUPPORT<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

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<br>George Gascon for LA District | I.D. NUMBER<br>1422183 |
|---|------------------------|

|                                     |  |
|-------------------------------------|--|
| NAME OF TREASURER<br>Jamarah Hayner | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------------------------|--|

|                     |                              |                        |                                   |
|---------------------|------------------------------|------------------------|-----------------------------------|
| COMMITTEE ADDRESS   | STREET ADDRESS (NO P.O. BOX) |                        |                                   |
| CITY<br>Los Angeles | STATE<br>CA                  | ZIP CODE<br>90017-5864 | AREA CODE/PHONE<br>(213) 452-6565 |

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><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

|                      |              |                                  |
|----------------------|--------------|----------------------------------|
| BALLOT NO. OR LETTER | JURISDICTION | <input 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

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<br>Crime Survivors, Law Enforcement and<br><del>Committee</del> Leaders Against the<br><del>Republican Party</del> Recall of George<br><del>Committee</del> | I.D. NUMBER<br>1438145 |
|--|------------------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?   |
|                   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

|                   |                              |            |                 |
|-------------------|------------------------------|------------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |            |                 |
| CITY              | STATE                        | ZIP CODE   | AREA CODE/PHONE |
| Los Angeles       | CA                           | 90017-5864 | (213) 452-6565  |

|                |             |
|----------------|-------------|
| 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

|                      |              |                                  |
|----------------------|--------------|----------------------------------|
| BALLOT NO. OR LETTER | JURISDICTION | <input 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    | <b>CALIFORNIA<br/>FORM 460</b> |
| from <u>1/1/2022</u>       |                                |
| through <u>12/31/2022</u>  |                                |
| Page <u>6</u> of <u>16</u> |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

District Attorney George Gascon Ballot Measure Committee

I.D. NUMBER

1437443

## Contributions Received

|  | Column A<br>Total This Period<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$25,000.00  | \$25,000.00                                |
| 2. Loans Received..... Schedule B, Line 3            | \$0.00   | \$0.00                                     |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2   | \$25,000.00  | \$25,000.00                                |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$0.00   | \$0.00                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$25,000.00  | \$25,000.00                                |

## 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    | Column B    |
|--|-------------|-------------|
| 6. Payments Made..... Schedule E, Line 4                   | \$24,486.53 | \$24,486.53 |
| 7. Loans Made..... Schedule H, Line 3                      | \$0.00      | \$0.00      |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$24,486.53 | \$24,486.53 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$3,432.97  | \$3,432.97  |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$0.00      | \$0.00      |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10       | \$27,919.50 | \$27,919.50 |

## Expenditure Limit Summary for State Candidates

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

| Date of Election<br>(mm/dd/yyyy) | Total to Date |
|----------------------------------|---------------|
| _____                            | _____         |

## Current Cash Statement

|   |             |
|---|-------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16      | \$0.00      |
| 13. Cash Receipts..... Column A, Line 3 above                       | \$25,000.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4         | \$0.00      |
| 15. Cash Payments..... Column A, Line 8 above                       | \$24,486.53 |
| 16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15 | \$513.47    |
| If this is a termination statement, Line 16 must be zero.           |             |
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2                | \$0.00      |

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 schedule B.

## Cash Equivalents and Outstanding Debts

|  |            |
|--|------------|
| 18. Cash Equivalents..... See instructions on reverse          | \$0.00     |
| 19. Outstanding Debts..... Add Line 2+Line 9 in Column B above | \$3,432.97 |

Schedule A  
Monetary Contributions Received

. Amounts may be rounded  
to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>1/1/2022</u><br>through <u>12/31/2022</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>7</u> of <u>16</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
District Attorney George Gascon Ballot Measure Committee

I.D. NUMBER  
1437443

| 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) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 09/26/2022    | Michael Alfred<br>Gardena, CA 90249-4530   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Film Maker<br>Illegal<br>Civilization<br>Company   | \$25,000.00                 | \$25,000.00                                       |                                    |
|               | *** TYPE: Intermediary ***<br>ActBlue<br>Somerville, MA 02144-3132                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |

SUBTOTAL \$25,000.00

Schedule A Summary

|  |                   |
|--|-------------------|
| 1. Amount received this period -itemized monetary contributions.<br>(Include all Schedule A subtotals.).....                         | \$25,000.00       |
| 2. Amount received this period -unitemized monetary contributions of less than \$100.....  | \$0.00            |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... | TOTAL \$25,000.00 |

\*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 D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees

. Amounts may be rounded  
to whole dollars.

SCHEDULE D

|                            |                            |
|----------------------------|----------------------------|
| Statement covers period    | <b>CALIFORNIA FORM 460</b> |
| from <u>1/1/2022</u>       |                            |
| through <u>12/31/2022</u>  |                            |
| Page <u>8</u> of <u>16</u> |                            |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>District Attorney George Gascon Ballot Measure Committee | I.D. NUMBER<br>1437443 |
|---|------------------------|

| DATE            | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE  | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|--|--|---------------------------|--------------------------|---|------------------------------------|
| 11/23/2022      | Black Los Angeles Young Democrats<br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Event Sponsorship         | \$500.00                 | \$500.00  |                                    |
| 11/22/2022      | Democratic Party of the San Fernando Valley<br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                     | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Event Sponsorship         | \$1,000.00               | \$1,000.00  |                                    |
| 12/01/2022      | Los Angeles County Democratic Party - State Candidate Committee<br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Event Sponsorship         | \$500.00                 | \$500.00  |                                    |
| <b>SUBTOTAL</b> |  |  |                           | <b>\$2,000.00</b>        |   |                                    |

Schedule D Summary

|   |                         |
|---|-------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....                 | \$2,250.00              |
| 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.)..... | <b>TOTAL \$2,250.00</b> |



Schedule D  
 Summary of Expenditures  
 Supporting/Opposing Other  
 Candidates, Measures and Committees

. Amounts may be rounded  
 to whole dollars.

SCHEDULE D

|                            |                            |
|----------------------------|----------------------------|
| Statement covers period    | <b>CALIFORNIA FORM 460</b> |
| from <u>1/1/2022</u>       |                            |
| through <u>12/31/2022</u>  |                            |
| Page <u>9</u> of <u>16</u> |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 District Attorney George Gascon Ballot Measure Committee

I.D. NUMBER  
 1437443

| DATE       | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE         | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|---------------------------|--------------------------|---|------------------------------------|
| 12/02/2022 | Westside Young Democrats<br><br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Event Sponsorship         | \$250.00                 | \$250.00  |                                    |

|                 |                 |
|-----------------|-----------------|
| <b>SUBTOTAL</b> | <b>\$250.00</b> |
|-----------------|-----------------|

Schedule D Summary

|   |                         |
|---|-------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....                 | \$2,250.00              |
| 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.)..... | <b>TOTAL \$2,250.00</b> |

**Schedule E  
Payments Made**

. Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |                                |
|---|--------------------------------|
| Statement covers period                           | <b>CALIFORNIA<br/>FORM 460</b> |
| from <u>1/1/2022</u><br>through <u>12/31/2022</u> |                                |
| Page <u>10</u> of <u>16</u>                       |                                |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>District Attorney George Gascon Ballot Measure Committee | I.D. NUMBER<br>1437443 |
|---|------------------------|

**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<br>(IF COMMITTEE, ALSO ENTER I D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID        |
|---|---------|------------------------|--------------------|
| ActBlue<br>Somerville, MA 02144-3132                                | OFC     |                        | \$375.00           |
| Alexandra Leard Consulting LLC<br>West Hollywood, CA 90038-2365     | CNS     |                        | \$5,000.00         |
| Alexandra Leard Consulting LLC<br>West Hollywood, CA 90038-2365     | CNS     |                        | \$5,000.00         |
| <b>SUBTOTAL</b>   |         |                        | <b>\$10,375.00</b> |

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

**Schedule E Summary**

|   |                          |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$24,375.00              |
| 2. Unitemized payments made this period of under \$100.....   | \$111.53                 |
| 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.)..... | <b>TOTAL \$24,486.53</b> |

**Schedule E  
Payments Made**

. Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                             |                                |
|-----------------------------|--------------------------------|
| Statement covers period     | <b>CALIFORNIA<br/>FORM 460</b> |
| from <u>1/1/2022</u>        |                                |
| through <u>12/31/2022</u>   |                                |
| Page <u>11</u> of <u>16</u> |                                |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>District Attorney George Gascon Ballot Measure Committee | I.D. NUMBER<br>1437443 |
|---|------------------------|

**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<br>(IF COMMITTEE, ALSO ENTER I D. NUMBER)                          | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Black Los Angeles Young Democrats<br><br>Los Angeles, CA 90045-2242<br>ID: 1346634           | CTB  |    | Event Sponsorship      | \$500.00    |
| Creative Visions<br><br>Nipomo, CA 93444-6661  | MTG  |    |                        | \$250.00    |
| Democratic Party of the San Fernando Valley<br><br>Sherman Oaks, CA 91413-2259<br>ID: 791828 | CTB  |    | Event Sponsorship      | \$1,000.00  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$1,750.00

**Schedule E Summary**

|   |                                 |
|---|---------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | <u>\$24,375.00</u>              |
| 2. Unitemized payments made this period of under \$100.....   | <u>\$111.53</u>                 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....                   | <u>\$0.00</u>                   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | <b>TOTAL <u>\$24,486.53</u></b> |

**Schedule E  
Payments Made**

. Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |                                |
|---|--------------------------------|
| Statement covers period                           | <b>CALIFORNIA<br/>FORM 460</b> |
| from <u>1/1/2022</u><br>through <u>12/31/2022</u> |                                |
| Page <u>12</u> of <u>16</u>                       |                                |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>District Attorney George Gascon Ballot Measure Committee | I.D. NUMBER<br>1437443 |
|---|------------------------|

**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<br>(IF COMMITTEE, ALSO ENTER I D. NUMBER)  | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Digital Strategy Group<br><br>Chicago, IL 60626-4735   | CNS     |                        | \$4,000.00  |
| Los Angeles County Democratic Party - State Candidate Committee<br><br>Los Angeles, CA 90017-5864<br>ID: 1237135 | CTB     | Event Sponsorship      | \$500.00    |
| Elise Angell Moore<br><br>Sherman Oaks, CA 91411-4333  | CNS     |                        | \$3,250.00  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$7,750.00

**Schedule E Summary**

|   |                                 |
|---|---------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | <u>\$24,375.00</u>              |
| 2. Unitemized payments made this period of under \$100.....   | <u>\$111.53</u>                 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....                   | <u>\$0.00</u>                   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | <b>TOTAL <u>\$24,486.53</u></b> |

Schedule E  
Payments Made

. Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |                            |
|---|----------------------------|
| Statement covers period                           | <b>CALIFORNIA FORM 460</b> |
| from <u>1/1/2022</u><br>through <u>12/31/2022</u> |                            |
| Page <u>13</u> of <u>16</u>                       |                            |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>District Attorney George Gascon Ballot Measure Committee | I.D. NUMBER<br>1437443 |
|---|------------------------|

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<br>(IF COMMITTEE, ALSO ENTER I D. NUMBER)   | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID       |
|---|------|----|------------------------|-------------------|
| Elise Angell Moore<br>Sherman Oaks, CA 91411-4333                     | CNS  |    |                        | \$3,250.00        |
| Elise Angell Moore<br>Sherman Oaks, CA 91411-4333                     | CNS  |    |                        | \$1,000.00        |
| Westside Young Democrats<br>Los Angeles, CA 90042-4705<br>ID: 1421327 | CTB  |    | Event Sponsorship      | \$250.00          |
| <b>SUBTOTAL</b>   |      |    |                        | <b>\$4,500.00</b> |

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

Schedule E Summary

|   |                          |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$24,375.00              |
| 2. Unitemized payments made this period of under \$100.....   | \$111.53                 |
| 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.)..... | <b>TOTAL \$24,486.53</b> |

Schedule F  
Accrued Expenses (Unpaid Bills)

. Amounts may be rounded to whole dollars.

|                         |                            |
|-------------------------|----------------------------|
| Statement covers period | <b>CALIFORNIA FORM 460</b> |
| from 1/1/2022           |                            |
| through 12/31/2022      |                            |
| Page 14 of 16           |                            |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>District Attorney George Gascon Ballot Measure Committee | I.D. NUMBER<br>1437443 |
|---|------------------------|

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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE<br>BEGINNING OF THIS<br>PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID THIS<br>PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|--------------------------------|---|---------------------------------------|---|--|
| Kaufman Legal Group, APC<br>Los Angeles, CA 90017-5864                 | PRO                            | \$0.00  | \$144.00                              | \$0.00  | \$144.00   |
| Kaufman Legal Group, APC<br>Los Angeles, CA 90017-5864                 | PRO                            | \$0.00  | \$176.60                              | \$0.00  | \$176.60   |
| Kaufman Legal Group, APC<br>Los Angeles, CA 90017-5864                 | PRO                            | \$0.00  | \$100.00                              | \$0.00  | \$100.00   |

|   |                  |        |          |        |          |
|---|------------------|--------|----------|--------|----------|
| *Payments that are contributions or independent expenditures must also be summarized on Schedule D. | <b>SUBTOTALS</b> | \$0.00 | \$420.60 | \$0.00 | \$420.60 |
|---|------------------|--------|----------|--------|----------|

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.) .....         | <b>INCURRED TOTALS</b> | \$3,432.97                               |
| 2. 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.) ..... | <b>PAID TOTALS</b>     | \$0.00                                   |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .....  | <b>NET</b>             | \$3,432.97<br>(May be a negative number) |

Schedule F  
Accrued Expenses (Unpaid Bills)

. Amounts may be rounded to whole dollars.

|                         |                            |
|-------------------------|----------------------------|
| Statement covers period | <b>CALIFORNIA FORM 460</b> |
| from 1/1/2022           |                            |
| through 12/31/2022      |                            |
| Page 15 of 16           |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
District Attorney George Gascon Ballot Measure Committee

I.D. NUMBER  
1437443

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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE<br>BEGINNING OF THIS<br>PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID THIS<br>PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|--------------------------------|---|---------------------------------------|---|--|
| Kaufman Legal Group, APC<br>Los Angeles, CA 90017-5864                 | PRO                            | \$0.00  | \$278.00                              | \$0.00  | \$278.00   |
| Kaufman Legal Group, APC<br>Los Angeles, CA 90017-5864                 | OFC                            | \$0.00  | \$100.00                              | \$0.00  | \$100.00   |
| Kaufman Legal Group, APC<br>Los Angeles, CA 90017-5864                 | PRO                            | \$0.00  | \$1,746.00                            | \$0.00  | \$1,746.00   |
| <b>SUBTOTALS</b>   |                                | \$0.00  | \$2,124.00                            | \$0.00  | \$2,124.00   |

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

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 | \$3,432.97                               |
| 2. 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     | \$0.00                                   |
| 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             | \$3,432.97<br>(May be a negative number) |

Schedule F  
Accrued Expenses (Unpaid Bills)

. Amounts may be rounded to whole dollars.

|                         |                            |
|-------------------------|----------------------------|
| Statement covers period | <b>CALIFORNIA FORM 460</b> |
| from 1/1/2022           |                            |
| through 12/31/2022      |                            |
| Page 16 of 16           |                            |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>District Attorney George Gascon Ballot Measure Committee | I.D. NUMBER<br>1437443 |
|---|------------------------|

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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|--|--|
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864             | PRO                            | \$0.00  | \$888.37                           | \$0.00   | \$888.37   |

|   |                  |        |          |        |          |
|---|------------------|--------|----------|--------|----------|
| *Payments that are contributions or independent expenditures must also be summarized on Schedule D. | <b>SUBTOTALS</b> | \$0.00 | \$888.37 | \$0.00 | \$888.37 |
|---|------------------|--------|----------|--------|----------|

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 | \$3,432.97  |
| 2. 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     | \$0.00  |
| 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             | \$3,432.97<br><small>(May be a negative number)</small> |