Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period (Month, Day, Year) AMPAIGN FINANC 01/01/2020 from For Official Use Only 11/03/2020 09/19/2020 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Type of Statement: X Preelection Statement Officeholder, Candidate Controlled Committee X Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall O Controlled **Termination Statement** ☐ Supplemental Preelection (Also Complete Part 5) (X) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) ☐ General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 500 Treasurer(s) 3. Committee Information 11111 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER 9 Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Thomas Newman Organizations and Justice Advocates MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODETPHONE STATE 90015 (213) 808-6271 Los Angeles CA NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE (213)808-6271 Shawnda Deane Los Angeles CA 90015 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE CITY AREA CODE/PHONE CITY STATE ZIP CODE STATE ZIP CODE CA 90036 CA 95815 (916) 285-5733 Los Angeles Sacramento OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS ReimagineLA@deaneandcompany.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my snowledge 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. Sociative of Treasurer or Assistant Treasurer Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)

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

COVER PAGE

Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE Budget Allocation for	Alternativ	es to Incarce	eration Ch	harter Amendment
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI			X SUPPORT OPPOSE
3			J	Los Angel	es County		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	fficeholder, ca	ndidate, or stat	te measure	proponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this and included in this statement that are controlled by your contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		C	DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER						
		7.	Primarily Formed Car	ndidate/Offic	ceholder Cor	nmittee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		officeholder(s) or candidate		is committee is p	orimarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS (NO P.C	o. BOX)						
CITY STATE Z	P CODE AREA CODE/PHONE		Atta	ach continuati	on sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 160
from	01/01/2020	FORM 400
through _	09/19/2020	Page3 of24
		I.D. NUMBER

Pending

Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

Contributions Received	(COlumn A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	327,257.21	\$	327,257.21	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	327,257.21	\$	327,257.21	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		26,196.00		26,196.00	21 Expanditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	353,453.21	\$	353,453.21	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	29,434.67	\$	29,434.67	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	29,434.67	\$	29,434.67	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		401,499.00		401,499.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		26,196.00		26,196.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	457,129.67	\$	457,129.67	\$
Current Cash Statement			Г		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		327,257.21		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		29,434.67		oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	297,822.54	fig	ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only rry over the amounts	Ę.
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$	0.00	1		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	401,499.00			. 4200.000.00
			ı		FPPC Form 460 (Jan/2

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

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover from01/01/2 through09/19/2	020	CALIFORNIA 46			
NAME OF FILER	DNS ON REVERSE						JMBER		
	e-Imagine L.A. County, A Coalition of Nonprofit 0	rganizations	and Justice Advocates			Pend			
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 (IFSELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
09/15/2020	Susan Anderson Los Angeles, CA 90039	⊠IND □COM □OTH □PTY □SCC	Retired n/a	100.00		100.00			
09/04/2020	Maia Armaleo Los Angeles, CA 90028	⊠IND □COM □OTH □PTY □SCC	Faculty Coordinator University of Southern California	100.00		100.00			
09/17/2020	Brilliant Corners San Francisco, CA 94103	□IND □COM 図OTH □PTY □SCC		10,000.00	10,	000.00	¥C		
09/18/2020	Donna Brim Pigsan Forest, NC 28768	⊠IND □COM □OTH □PTY □SCC	Retired n/a	100.00		100.00			
09/16/2020	Margaret Brodkin San Francisco, CA 94114	⊠IND □COM □OTH □PTY	Principal Investigator San Francisco State University	100.00		100.00			

SUBTOTAL\$

10,400.00

Schedule A Summary

□scc

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 7,657.48

 *Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

	SCHEDU	LE A (CONT.)	~
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through_	09/19/2020	Page _	5	_ of_	24	
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Statement covers period

NAME OF FILER

Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

Pending

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)
09/18/2020	Elise Buik Los Angeles, CA 90039	⊠IND □COM □OTH □PTY □SCC	Non-Profit United Way of Greater LA	100.00	100.00	
09/16/2020	Angelina Burnett Venice, CA 90291	⊠IND □COM □OTH □PTY □SCC	Writer Angelina Burnett	526.08	526.08	
09/09/2020	Emily Caesar Los Angeles, CA 90027	IND COM OTH PTY SCC	Public Health Professional Los Angeles County	180.00	180.00	
09/10/2020	Jess Camacho Brooklyn, NY 11217	☑IND □COM □OTH □PTY □SCC	Writer Jess Camacho	500.00	500.00	
09/10/2020	Rachel Cantu Los Angeles, CA 90067	⊠IND □COM □OTH □PTY □SCC	Musician Rachel Cantu	210.62	473.82	
	1.00. V · U		SUBTOTAL\$	1,516.70		

*Contributor Codes

IND-Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)

Monetary	V CONTRIBUTIONS IXECCIVED	to whole dollars.		Statement covers period				CALIFORNIA 460		
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			through_	09/19/	2020	Page	6 of	24	-	
NAME OF FILER	300 0	A SE BELLEVIOLE CONTROL	1	90.00	-	I.D. NUMB	ER			
Yes on J: Re	e-Imagine L.A. County, A Coalition of Nonprofit Organizations	and Justice Advocates				Pending	1			
NAC S COLUM	FILL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOU	JNT	CUMULATIVE TO	DATE	PER EI	ECTION		

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)
09/18/2020	Rachel Cantu Los Angeles, CA 90067	⊠IND □COM □OTH □PTY □SCC	Musician Rachel Cantu	263.20	473.82	200
09/13/2020	Charles Casler Los Angeles, CA 90014	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	100.00	125.00	
09/15/2020	Charles Casler Los Angeles, CA 90014	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	25.00	125.00	
09/15/2020	David Dobkin Beverly Hills, CA 90212	⊠IND □COM □OTH □PTY □SCC	Producer Big Kid Productions	500.00	500.00	
09/14/2020	Joshua Decell Los Angeles, CA 90039	⊠IND □COM □OTH □PTY □SCC	Director Brilliant Corners	500.00	500.00	
			SUBTOTALS	1,388.20	在外面里	4-4-12-22-24

*Contributor Codes

IND-Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

Monetary	etary Contributions Received Amounts may be rounded to whole dollars.			from01/01/	2020		ORNIA 460
				through 09/19/	2020	Page	7 of24
NAME OF FILER		2 20				I.D. NUM	MBER
Yes on J: Re	-Imagine L.A. County, A Coalition of Nonprofit Or	ganizations	and Justice Advocates			Pendir	ng
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/10/2020	Deborah DePuy Los Angeles, CA 90026	⊠IND □COM □OTH □PTY □SCC	Retired n/a	500.00	S	00.00	
09/15/2020	Megan Dobkin Beverly Hills, CA 90212	⊠IND □COM □OTH □PTY □SCC	Producer Big Kid Pictures	500.00	5	00.00	
09/07/2020	Clara Eberle Los Angeles, CA 90013	□IND □COM □OTH □PTY □SCC	Transportation Planner City of Los Angeles	100.00	1	00.00	
09/18/2020	Ann English Los Angeles, CA 90006	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Senior Program Manager The Corporation for Supportive Housing	105.47	1	05.47	
09/18/2020	Xochitl Flores Los Angeles, CA 90015	⊠IND □COM □OTH □PTY □SCC	Human Resources United Way of Greater LA	105.47	1	05.47	<u>\$</u>
		21000	SUBTOTALS	1,310.94			

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

Amounts may be rounded to whole dollars.

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Statement covers period

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NAME OF FILER	5 S 9			E-100 p.p.		I.D. NUMBER
Yes on J: Re-	-Imagine L.A. County, A Coalition of Nonprofit Or	ganizations	and Justice Advocates			Pending
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 I CALENDAR YE (JAN. 1 - DEC.	AR TODATE
09/05/2020	Seth Goldman Los Angeles, CA 90024	IND COM OTH PTY SCC	Not Employed n/a	105.47	10	95.47
09/17/2020	Amy Gorton Los Angeles, CA 90026	⊠IND □COM □OTH □PTY □SCC	Communications Director Teamsters Local 399	100.00	10	00.00
09/02/2020	Elisa Gozarkhah Los Angeles, CA 90064	⊠IND □COM □OTH □PTY □SCC	Attorney The Law Man Group	105.47	15	57.07
09/15/2020	Elisa Gozarkhah Los Angeles, CA 90064	IND COM OTH PTY SCC	Attorney The Law Man Group	26.60		7.07
09/18/2020	Elisa Gozarkhah Los Angeles, CA 90064	⊠IND □COM □OTH □PTY	Attorney The Law Man Group	25.00	15	7.07

SUBTOTAL\$

362.54

□scc

*Contribu	tor Coc	les
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IND-Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

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Amounts may be rounded to whole dollars.

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SCHEDULE A (CONT.)

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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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
09/05/2020	Michael Graff-Weisner Los Angeles, CA 90064	⊠IND □COM □OTH □PTY □SCC	Nonprofit Manager Chrysalis	105.47	109	5.47
09/16/2020	Carter Gunn Los Angeles, CA 90027	⊠IND □COM □OTH □PTY □SCC	Video Editor Carter Gunn	500.00	500	0.00
09/15/2020	Kirsten Hansen Slerra Madre, CA 91024	IND COM OTH PTY SCC	Librarian The Claremont Colleges Services	100.00	100	0.00
09/04/2020	Susan Harper Porter Ranch, CA 91326	☑IND □COM □OTH □PTY □SCC	Producer Caudill & Associates	105.47	109	5.47
08/28/2020	Phillip Holmes Los Angeles, CA 90027	⊠IND □COM □OTH □PTY □SCC	Chief Executive Officer Swell Creative Group	10.00	120	0.00
	H-CW-		SUBTOTALS	820.94		

*Contributor Codes

IND-Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

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Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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Statement covers period

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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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
08/29/2020	Phillip Holmes Los Angeles, CA 90027	⊠IND □COM □OTH □PTY □SCC	Chief Executive Officer Swell Creative Group	10.00	120.	00
09/02/2020	Phillip Holmes Los Angeles, CA 90027	⊠IND □COM □OTH □PTY □SCC	Chief Executive Officer Swell Creative Group	100.00	120.	00
09/15/2020	Ade Jackson Los Angeles, CA 90067	⊠IND □COM □OTH □PTY □SCC	Attorney Ade Jackson	105.47	105.	47
09/18/2020	Chris Ko Los Angeles, CA 90034	⊠IND □COM □OTH □PTY □SCC	Nonprofit Director United way of Greater Los Angeles	105.47	105.	47
09/02/2020	Arjun Kolachalam West Hollywood, CA 90048	⊠IND □COM □OTH □PTY □SCC	Investor Arjun Kolachalam	105.47	210.	94
MINUS .	19179		SUBTOTALS	426.41	是可靠整个专行	

*Contributor Codes

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Amounts may be rounded to whole dollars.

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Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

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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)
09/18/2020	Arjun Kolachalam West Hollywood, CA 90048	IND COM OTH PTY SCC	Investor Arjun Kolachalam	105.47	210.94	6 6
09/16/2020	Mark Lim Cincinnati, OH 45248	IND COM OTH PTY	Instructional Designer California State University, Long Beach	100.00	100.00	
09/07/2020	Marie Mazzone Los Angeles, CA 90035		Retired n/a	100.00	100.00	
09/08/2020	Emma Nace Los Angeles, CA 90018	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Nurse Fractitioner Wilmington Community Clinic and Family Care Specialists	50.00	100.00	
09/11/2020	Emma Nace Los Angeles, CA 90018	IND □ COM □ OTH □ PTY □ SCC	Nurse Fractitioner Wilmington Community Clinic and Family Care Specialists	50.00	100.00	
			SUBTOTAL\$	405.47	33 1 1 1 1 1 1 1	

*Contributor Codes

IND-Individual

NAME OF FILER

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

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09/19/2020

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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)
Mary Newman Los Angeles, CA 90026		Health Management	250.00	250.00	
Edward O'Conner Los Angeles, CA 90041			105.47	105.47	
Lucas O'Connor Los Angeles, CA 90048	IND COM OTH PTY		105.47	105.47	
Johann Pauwen Los Angeles, CA 90042			100.00	200.00	
Johann Pauwen Los Angeles, CA 90042	⊠IND □COM □OTH □PTY □SCC		100.00	200.00	
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Mary Newman Los Angeles, CA 90026 Edward O'Conner Los Angeles, CA 90041 Lucas O'Connor Los Angeles, CA 90048 Johann Pauwen Los Angeles, CA 90042	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Mary Newman Los Angeles, CA 90026 Edward O'Conner Los Angeles, CA 90041 COM OTH PTY SCC Lucas O'Connor Los Angeles, CA 90048 Los Angeles, CA 90042 Johann Pauwen Los Angeles, CA 90042	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER) Mary Newman	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE * CODE * CONTRIBUTOR CODE * COUPATION AND EMPLOYER RECEIVED THIS PERIOD Mary Newman Los Angeles, CA 90026 Edward O'Conner Los Angeles, CA 90041 Edward O'Conner Los Angeles, CA 90048 Edward O'Conner Los Angeles, CA 90048 DOTH PTY SCC EMIND COM OTH PTY SCC Los Angeles, CA 90048 DOTH PTY SCC Johann Pauwen Los Angeles, CA 90042 Johann Pauwen Los Angeles, CA 90042 DOTH PTY SCC Johann Pauwen Los Angeles, CA 90042 EACH OF CONTRIBUTOR COM TRESULTOR OCCUPATION AND EMPLOYER RECEIVED THIS PERIOD FEROMOTOR RECEIVED THIS PERIOD Not Employed 105.47 Angeles of Consultant Health Management Associates 105.47 Television Writer Amazon Studios 105.47 Amazon Studios Lead Design/Founder Kalon Studios Johann Pauwen Los Angeles, CA 90042 Los Angeles, CA 90042 Los Angeles, CA 90042 Los Angeles, CA 90042 Television Writer Amazon Studios Lead Design/Founder Kalon Studios Lead Design/Founder Kalon Studios Total Period Received This Period This Period Received This Period Received This Period Received This Period T	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSOENTERID.NUMBER) CONTRIBUTOR CODE * C

*Contributor Codes

IND-Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

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FORM	

SCHEDULE A (CONT.)

Statement covers period		·CALIF	ORN	IA .	160
from	01/01/2020		RM		400
through_	09/19/2020	_ Page _	13	_ of_	24
		I.D. NUN	MBER		

NAME OF FILER

Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

Pending

	T County, it countries to manage of		T	1		
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)
09/02/2020	Elise Piatkowski Santa Monica, CA 90405	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	105.47	105.47	
09/16/2020	Zakary Pritchard Santa Monica, CA 90401	⊠IND □COM □OTH □PTY □SCC	Entertainer Zakary Pritchard	100.00	100.00	
09/08/2020	Michael Reynolds Los Angeles, CA 90039	IND COM OTH PTY SCC	Author Michael Reynolds	105.47	105.47	
09/18/2020	Randy Ross Rancho Palos Verdes, CA 90275	☑IND □COM □OTH □PTY □SCC	Chief Executive Officer Bruce L. Ross & Company	100.00	100.00	-
09/07/2020	Christopher Roth Los Angeles, CA 90014	IND □ COM □ OTH □ PTY □ SCC	Not Employed n/a	100.00	100.00	
			SUBTOTALS	510.94		

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY-Political Party

Amounts may be rounded to whole dollars.

CALIFORNIA.	400
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SCHEDULE A (CONT.)

from	01/01/2020	' + C	750			
through_	09/19/2020	Page _	14	_ of_	24	-
Z	2	I.D. NUN	MBER			_

Statement covers period

NAME OF FILER

Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

Pending

s on J: Re-	-Imagine L.A. County, A Coalition of Nonprofit Or	ganizations	and Justice Advocates		Pendin	ng .
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)
09/15/2020	Michael Russo Pasadena, CA 91106	NO.	Advocacy Advancement Project California	105.47	105.47	
09/08/2020	Camille Sacristan Los Angeles, CA 90019		Not Employed n/a	105.47	105.47	
09/14/2020	Sarah Samual Los Angeles, CA 90025	IND COM OTH PTY SCC	Copywriter ImpaQ	105.47	105.47	
09/04/2020	Zoe Serbin Burbank, CA 91502		Art Director Tic Toc Games	105.47	105.47	
09/14/2020	Nicole Shanahan Portola Valley, CA 94028	MIND	Founder/Chief Executive Officer ClearAccessIP	300,000.00	300,000.00	374
			SUBTOTAL\$	300,421.88		

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)

SCHEDULE A (CO

Monetary Contributions Received			Amounts may be rounded to whole dollars.		Statement covers period			160
		to whole do	Judi S.	from01/01/2020		FORM 46		+0U
				through 09/19	/2020	Page	15 of_	24
NAME OF FILER				<u> </u>		I.D. NUM	BER	
Yes on J: R	e-Imagine L.A. County, A Coalition of Nonp	rofit Organizations a	nd Justice Advocates			Pendin	g	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON	TRIBUTOR CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO		PER ELE	

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)
09/04/2020	Dana Simmons Los Angeles, CA 90027	⊠IND □COM □OTH □PTY □SCC	Professor University of California, Riverside	105.47	158.36	
09/15/2020	Dana Simmons Los Angeles, CA 90027	⊠IND □COM □OTH □PTY □SCC	Professor University of California, Riverside	52.89	158.36	
09/06/2020	Michael Soares Hawthrone, CA 90250		Not Employed n/a	105.47	105.47	
09/10/2020	Grace Song Los Angeles, CA 90004	☑IND □COM □OTH □PTY □SCC	Public Health Advocate Grace Song	105.47	105.47	
09/15/2020	Lindsey Trinh Fremont, CA 94539	⊠IND □COM □OTH □PTY □SCC	Not Employed n/a	100.00	100.00	
		A-4-4-1-10-1-10-1-10-1-10-1-10-1-10-1-10	SUBTOTALS	469.30		

*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

Amounts may be rounded to whole dollars.

	SCHEDUL	EA (CC	ONT.)
CALIE	ORNIA	20	~.

Statement covers period

NAME OF FILER		to whole o	gollars.	from01/01/ through09/19/	2020 Pa	FORM 46U age16 of24 D. NUMBER
Yes on J: Re-	-Imagine L.A. County, A Coalition of Nonprofit Or	ganizations	and Justice Advocates		Pe	ending
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE
09/10/2020	Gina Viola Peake Los Angeles, CA 90068	⊠IND □COM □OTH □PTY □SCC	Chief Executive Officer Trade Show Temps	500.00	500.	.00
09/04/2020	Mallory Westfall Pasadena, CA 91107	⊠IND □COM □OTH □PTY □SCC	Writer/Producer UTV	100.00	200.	. 00
09/09/2020	Mallory Westfall Pasadena, CA 91107	□ IND □ COM □ OTH □ PTY □ SCC	Writer/Producer UTV	100.00	200.	.00
09/03/2020	Gillian Wynn Santa Monica, CA 90402		Partner/Chief Creative Officer Mind Your Music	100.00	100.	.00
09/18/2020	John Zappas Los Angeles, CA 90018		Fine Art Installer John Zappas	105.47	105.	47

SUBTOTAL\$

905.47

□ PTY □ SCC

*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

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

Schedule C	
Nonmonetary Contributions I	Received

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA FORM 01/01/2020 from.

SEE INSTRUCT	TIONS ON REVERSE				through 09/19/202	O Page _	17 of 24
NAME OF FILE Yes on J:	R Re-Imagine L.A. County, A Coalition of N	Conprofit Org	anizations and Justice	Advocates		I.D. NUM	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/31/2020	United Way of Greater Los Angeles - Yes on Measure J (ID# Pending) Los Angeles, CA 90015	□IND □COM □OTH □PTY □SCC		Staff Time	1,971.00	26,196.0	0
09/15/2020	United Way of Greater Los Angeles - Yes on Measure J (ID# Pending) Los Angeles, CA 90015	□IND ☑COM □OTH □PTY □SCC		Staff Time	12,210.00	26,196.0	0
09/15/2020	United Way of Greater Los Angeles - Yes on Measure J (ID# Pending) Los Angeles, CA 90015	□IND IND IND IND IND IND IND IND		Digital Communications	12,015.00	26,196.0	0
		□IND □COM □OTH □PTY □SCC	9				
Attach ad	ditional information on appropriately label	ed continuati	on shoots	SUBTO	TAL \$ 25,196,00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)....\$ 26,196.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00 3. Total nonmonetary contributions received this period. 26,196.00

*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 E **Payments Made**

Amounts may be rounded to whole dollars.

	Statement covers period		CALIFORNIA 160
	from	01/01/2020	FORM 400
	through _	09/19/2020	Page18 of24
_			I.D. NUMBER
			navata v

						-	
SEE INSTRUCTIONS ON REVERSE				thr	rough09/19/2020	Page1	8 of24
NAME OF FILER					2.00.000.00	I.D. NUM	BER
Yes on J: Re-Imagine L.A. County, A Coalition of Nonprof	it Organizations	and Justi	ce Advocates		ATA	Pending	g
CODES: If one of the following codes accurately describes	the payment, vo	u mav ente	er the code. C	Otherwise.	describe the payment.		
campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear livery and me	s	RAE RFD SAL TEL TRO TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, and staff/spouse travel, lodging,	duction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	•••	CODE ()R	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
Method Campaign Services			Field Service	es			25,000.00
Burbank, CA 91505			·				
Sadler Strategic Media, Inc.		PRT					3,686.00
Studio City, CA 91604							
Stripe, Inc.		OFC		•			76.75
San Francisco, CA 94110							
^k Payments that are contributions or independent expenditures m	nust also be summ	arized on S	chedule D.		SU	BTOTAL\$	28,762.75
Schedule E Summary	No.					2	
Itemized payments made this period. (Include all Schedule I	E subtotals.)					\$	29,384.67
2. Unitemized payments made this period of under \$100	- 1						
3. Total interest paid this period on loans. (Enter amount from S	Schedule B, Part	1, Column (e).)			\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3, Er							29,434.67

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

		SCHEDULE E (CON).
Staten	nent covers period	CALIFORNIA 460
from	01/01/2020	FORM: 400
through_	09/19/2020	Page19 of24
		I.D. NUMBER
		Pending

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUI

Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc.	OFC		25.76
San Francisco, CA 94110			
Stripe, Inc.	OFC		49.91
San Francisco, CA 94110			
Stripe, Inc.	OFC	·	93.55
San Francisco, CA 94110			
Stripe, Inc.	OFC		51.31
San Francisco, CA 94110			
Stripe, Inc.	OFC		87.05
San Francisco, CA 94110			3
* Payments that are contributions or independent expenditures must also be sumn			IRTOTAL \$ 307.58

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 307.58

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.)
Stater	ment covers period	CALIFORNIA 160
from	01/01/2020	FORM TOU
through_	09/19/2020	Page of
		I.D. NUMBER
		Pending

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications campaign consultants MTG meetings and appearances RFD returned contributions CNS SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals

FIL candidate filing/ballot fees PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) LEG legal defense campaign literature and mailings print ads

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WFB information technology costs (internet, e-mail)

LIT campaign literature and mailings	PRT print ads		WEB Information technology costs (Internet, e-mail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMC	DUNT PAID	
Stripe, Inc.	OFC				14.49	
San Francisco, CA 94110						
Stripe, Inc.	OFC				52.96	
San Francisco, CA 94110				27		
Stripe, Inc.	OFC				91.60	
San Francisco, CA 94110						
Stripe, Inc.	OFC				30.76	
San Francisco, CA 94110						
Stripe, Inc.	OFC				21.05	
San Francisco, CA 94110						
* Payments that are contributions or independent expenditures me	ust also be summarized on Schedule	D.	SU	BTOTAL \$	210.86	

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www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.)
Statement covers period		CALIFORNIA 460	
from	01/01/2020	FORM TOU	
through.	09/19/2020	Page21 of24	
		I.D. NUMBER	1
		Pending	

Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

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

CNS contribution (explain nonmonetary)*

MBR member communications

meetings and appearances

OFC office expenses

OFC office expenses

SAL campaign workers' salaries

CTB contribution (explain nonmonetary)*

CVC civic donations

FL candidate filling/ballot fees

FND fundraising events

OFC office expenses
petition circulating
petition circulating
phone banks

PHO phone banks

POL polling and survey research

OFC office expenses
petition circulating
phone banks

TRC candidate travel, lodging, and meals
staff/spouse travel, lodging, and meals

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc.	OFC		103.4
San Francisco, CA 94110			
			8
			To the second se
*Payments that are contributions or independent expenditures must also be sur	mmarized on Schedule D	SUI	STOTAL \$ 103.4

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

SUBTOTAL \$

103.48

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

 Statement covers period from ____01/01/2020
 CALIFORNIA FORM
 460

 through ___09/19/2020
 Page __22 ___ of __24

 I.D. NUMBER

Pending

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

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 campaign consultants MTG meetings and appearances RFD returned contributions CNS CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees TRC candidate travel, lodging, and meals FIL PHO phone banks staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Political Data, Inc.	OFC	0.00	1,500.00	0.00	1,500.00
Norwalk, CA 90650					
	((a))				
Mercury Public Affairs	CNS	0.00	190,000.00	0.00	190,000.00
New York, NY 10019					
Swell Creative Group	Digital Communications & Advertising	0.00	200,000.00	0.00	200,000.00
Los Angeles, CA 90013	3				
(2)					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0.00\$	391,500.00\$	0.00\$	391,500.00

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 accrued expenses under \$100.)	401,499.00

- 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 \$ \frac{401,499.00}{\text{May be a negative number}}\$

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

campaign literature and mailings

Amounts may be rounded to whole dollars.

State	ement covers period	CALIFORNIA 160
from	01/01/2020	FORM HOU
through	09/19/2020	Page23 of24
	***	I.D. NUMBER

WEB information technology costs (internet, e-mail)

Pending

NAME OF FILER

Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

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

print ads

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCEAT CLOSE OF THIS PERIOD
Charlotte Milner-Barry Los Angeles, CA 90027	FND	0.00	3,333.00	0.00	3,333.00
Kendra Burns-Edel Los Angeles, CA 90016	FND	0.00	3,333.00	0.00	3,333.00
Marie Lloyd Los Angeles, CA 90038	FND	0.00	3,333.00	0.00	3,333.00
	SUBTOTALS	\$ 0.005	5 9,999.00\$	0.00	\$ 9,999.00

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

CODEC - 16 --- - Cit - Cit - 1----

Amounts may be rounded to whole dollars.

		SCHEDULE
Stater	ment covers period	CALIFORNIA AGO
from	01/01/2020	FORM 400
through_	09/19/2020	Page 24 of 24
		I.D. NUMBER
		Pending

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on J: Re-Imagine L.A. County, A Coalition of Monprofit Organizations and Justice Advocates

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sadler Strategic Media, Inc.

C	ODES: If one of the following codes accurately	y describes the	payment, you may enter the code.	Otherwise	e, describe the payment.
a	P campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CI	S campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CT	B contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CI	C 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
FN	D fundraising events	POI	nolling and survey research	TRS	staff/snouse travel lodging and meals

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) LIT campaign literature and mailings PRT print ads

TSF transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Los Angeles Standard	PRT		700.00
Los Angeles, CA 90008			1
Los Feliz Ledger	PRT		1,250.00
Los Angeles, CA 90027			
· ·			
			la l
Attach additional information on appropriately labeled continuation s	heets.		TOTAL* \$ 1,950.00

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

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