						* 63		*	i
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	1	Statement cou	vere period	Date of al	ection if applicable:	RECE S ANGE	TES (	BY CA	ALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE		Statement cov	2020	(Mo	nth, Day, Year)	ROPOSI	TION E	4: 0 7 Pag	For Official Use Only
Type of Recipient Committee: All Com	-144 0			2 Tun	e of Statement:	1.1.	-021	(J)	
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	X P C X X A	Primarily Formed Ballot Committee Controlled Society Sponsored Also Complete Part 6) Primarily Formed Candid Officeholder Committee Also Complete Part 7)	Measure	N.T.	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)		Supplemen	Statement Id-Year Report Ital Preelection - Attach Form 495
3. Committee Information	I.D	NUMBER 1432592		Treas	surer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO ON No on Measure J - Protect Essential groups representing emergency responsorkers.  STREET ADDRESS (NO P.O. BOX)	Workers.			MAILIN	OF TREASURER TEAS Jung IG ADDRESS				
STREET ADDRESS (NO P.O. BOX)				CITY	Angeles		STATE	ZIP CODE 90020	AREA CODE/PHONE (213)487-9887
CITY STATE	ZIP CO	DDE AREA CO	DE/PHONE	NAME	OF ASSISTANT TREASU	RER, IF ANY			
Los Angeles CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREE	9000 T OR P.O. B		442-7757	MAILIN	IG ADDRESS				
CITY STATE Sacramento CA	ZIP CO		DDE/PHONE	CITY			STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS  fppc@bmhlaw.com				OPTIO	NAL: FAX / E-MAIL ADD	RESS			
4. Verification  I have used all reasonable diligence in preparing a under penalty of perjury under the laws of the State  Executed on					nformation contained he		e attached	d schedules is	true and complete. I certify
Executed on		Ву	Signature of Con		er, Candidate, State Measure Pr		nsible Officer	of Sponsor	
Executed on		Ву		Signature of Cont	trolling Officeholder, Candidate, S	State Mearure Prop	ponent.		
Executed onDats		By		Signature of Cont	trolling Officeholder, Candidate,	State Measure Prop	conent		FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/27 5-3772) www.fppc.cr..gov

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

	COVERP	AGE	-PART2
	ORNIA ORM	4	60
Page _	2	of	17

Officeholder or Candidate Controlled Committee			<b>Primarily Formed Ball</b>	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE Measure J: Community Minimum County Budget	Investment a	and Alternatives to I	ncarceration
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION County of	ON Los Angeles	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling of	ficeholder, car	ndidate, or state measur	e proponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT	
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD	E .	DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX	9		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)			Val 03		1000
CITY STATE ZIP CC	DE AREA CODE/PHONE		Att	ach continuati	ion sheets if necessary	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUMMART PAGE
Statem	ent covers period	CALIFORNIA 160
from	10/18/2020	FORM 400
through _	12/31/2020	Page 3 of 17
	ng and other	I.D. NUMBER

NAME OF FILER No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers. Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 1,448,282.37 4.578,282.37 1. Monetary Contributions ...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received ...... Schedule B. Line 3 20. Contributions 1,448,282.37 4,578,282.37 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 6,903.60 Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ 1,448,282.37 4,585,185.97 **Expenditure Limit Summary for State Expenditures Made** Candidates 4,578,282.37 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 4,578,282.37 1,549,775.13 (If Subject to Voluntary Expenditure Limit) SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 -329,929.48 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 6,903.60 1,219,845.65 4,585,185.97 **Current Cash Statement** 101,492.76 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B, add 1,448,282.37 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 1,549,775.13 15. Cash Payments ...... Column A, Line 8 above Column A may be negative figures that should be 16. ENDING CASH BALANCE ........... Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents ...... See instructions on reverse \$ 0.00 0.00 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A
 THE VIEW CO.

 Statement covers period
 CALIFORNIA FORM
 460

 through \_\_12/31/2020
 Page \_\_4 \_\_ of \_\_17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers.

I.D. NUMBER 1432592

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2020	Association for Los Angeles Deputy Sheriffs PIC (ID# 1358163) Monterey Park, CA 91755	□IND □COM □OTH □PTY □SCC		500,000.00	3,800,185.97	
10/22/2020	Association for Los Angeles Deputy Sheriffs PIC (ID# 1358163) Monterey Park, CA 91755	□IND □COM □OTH □PTY □SCC		300,000.00	3,800,185.97	
10/27/2020	Association for Los Angeles Deputy Sheriffs PIC (ID# 1358163) Monterey Park, CA 91755	□IND  INCOM □OTH □PTY □SCC		200,000.00	3,800,185.97	
10/27/2020	Peace Officers Research Association of California PIC (PORAC PIC) (ID# 911908) Sacramento, CA 95834	□IND  IND  OTH  PTY  SCC		200,000.00	300,000.00	,
11/02/2020	Association for Los Angeles Deputy Sheriffs PIC (ID# 1358163) Monterey Park, CA 91755	□IND □COM □OTH □PTY □SCC		260,000.00	3,800,185.97	
			SUBTOTALS	1,460,000.00		

#### Schedule A Summary

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

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

TOTAL \$ 1,448,282.37

#### \*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A	(CONT.)
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Statement covers period

		to whole d	lollars.	from10/18/	2020	FORM 460  Page 5 of 17	
NAME OF FILER No on Measure essential wo	e J - Protect Essential Workers. Sponsored by lab	or groups re	presenting emergency response	onse workers and o		D. NUMBER 432592	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAL (JAN. 1 - DEC. 31	R TODATE	
11/03/2020	California Association of Professional Employees PAC (CAPE PAC) (ID# 761351) Long Beach, CA 90802	☐IND ☑COM ☐OTH ☐PTY ☐SCC		10,000.00	30,000	.00	
12/31/2020	Association for Los Angeles Deputy Sheriffs PIC (ID# 1358163) Monterey Park, CA 91755	□IND  ICOM □OTH □PTY □SCC		-21,717.63	3,800,185	.97	
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				15	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	.\$ -11,717.63			

\*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.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from10/18/2020	FORM TOO
through12/31/2020	Page6 of17
100	I.D. NUMBER
se workers and other	1432592

SEE INSTRUCTIONS ON REVERSE		through12/31/2020	Page6 of17
NAME OF FILER	I.D. NUMBER		
No on Measure J - Protect Essential Workers. Sponsored by labor group essential workers.	s representing emergency resp	onse workers and other	1432592
CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  OFC office expection of petition of	communications and appearances penses irculating anks and survey research delivery and messenger services and services (legal, accounting)	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of returned contributions TRC candidate travel, lodging, and staff/spouse travel, lodging, a	nction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
The Strategy Group, LLC	LIT		18,370.97
Chicago, IL 60654			
The Strategy Group, LLC	LIT		32,938.22
Chicago, IL 60654			
Saguaro Strategies LLC	WEB		259,999.97
Berkeley, CA 94704			
* Payments that are contributions or independent expenditures must also be su	mmarized on Schedule D.	sui	BTOTAL\$ 311,309.16
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$1,549,775.13
2. Unitemized payments made this period of under \$100			\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, P	art 1, Column (e).)		\$0.00

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.

Pa	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from10/18/2020	FORM 400
through12/31/2020	- Page 7 of 17
and transfers and other	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers.

1432592

	munications d appearances ises lating	RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT . AMOUNT PAID
The Strategy Group, LLC	LIT	210,228.
Chicago, IL 60654		
RG Strategies LLC	POL	35,500.
Santa Barbara, CA 93108		
AKPD Message and Media LLC	TEL	11,391.
Chicago, IL 60654		
The Strategy Group, LLC	LIT	210,917.
Chicago, IL 60654		
The Strategy Group, LLC	LIT	32,938.
Chicago, IL 60654		
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.	SUBTOTAL \$ 500,976.

### Schedule E

	SCHEDULE E (CON I.
Statement covers period	CALIFORNIA 160
from10/18/2020	FORM TOO
through 12/31/2020	Page 8 of 17
se workers and other	I.D. NUMBER 1432592

Payments Made	to whole dollars.	from10/18/2020	FORM 46U
SEE INSTRUCTIONS ON REVERSE		through 12/31/2020	Page8 of17
NAME OF FILER No on Measure J - Protect Essential Workers. essential workers.	Sponsored by labor groups representing emergency respo	nse workers and other	I.D. NUMBER 1432592
CODES: If one of the following codes accurate comp campaign paraphernalia/misc.	ely describes the payment, you may enter the code. Other MBR member communications	erwise, describe the paymer RAD radio airtime and producti	

CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communical meetings and appe office expenses petition circulating PHO phone banks polling and survey postage, delivery a professional service print ads	lions arances research nd messenger s	RAD radio airtime and production RFD returned contributions campaign workers' salarie TEL t.v. or cable airtime and production candidate travel, lodging, a staff/spouse travel, lodging transfer between committee	s oduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	COE	E OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Saguaro Strategies LLC Berkeley, CA 94704	WE	В	ē	25,000.00
The Strategy Group, LLC	LI	т		32,938.22
Chicago, IL 60654				,
RG Strategies LLC Santa Barbara, CA 93108	PO	L	* p = 2	53,000.00
Saguaro Strategies LLC Berkeley, CA 94704	WE	В		385,000.00
• • • • • • • • • • • • • • • • • • • •				
Saguaro Strategies LLC Berkeley, CA 94704	WE	В		25,000.00
* Payments that are contributions or independent expenditures must also	he summarized on School	uloD		SUBTOTAL \$ 520,938.22

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

Schedule E	
(Continuation She	et)
<b>Payments Made</b>	

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from 10/18/2020	FORM 400
through12/31/2020	Page 9 of 17
as workers and other	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers.

1432592

ND independent expenditure supporting/opposing others (explain)* POS postage, d	mmunications and appearance conses culating ks survey rese elivery and n	nces RAD SAL TEL TRC earch TRS messenger services TSF legal, accounting) VOT	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sal voter registration information technology costs (internet, e	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION	N OF PAYMENT	AMOUNT PAID
The Strategy Group, LLC Chicago, IL 60654	LIT			212,551.42
VR Research, Inc. Berkeley, CA 94708	POL			4,000.00
			Ē	
				in .
Θ				

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

SUBTOTAL \$

216,551.42

Schedule	∍ F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

State	ement covers period	CALIFORNIA 160
from	10/18/2020	FORM 400
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		LD NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers.

1432592

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
RG Strategies LLC Santa Barbara, CA 93108	POL	53,000.00	0.00	53,000.00	0.00
VR Research, Inc. Berkeley, CA 94708	POL	4,000.00	0.00	4,000.00	0.00
AKPD Message and Media LLC Chicago, IL 60654	TEL	11,391.61	0.00	11,391.61	0.00
* Payments that are contributions or independent expenditures summarized on Schedule D.	nust also be SUBTOTALS	<b>S</b> \$ 68,391.61\$	0.00\$	68,391.61	0.00

#### 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.)	0.00
2. Total accrued expenses paid this period. (Include all Schedule F. Column (c) subtotals for payments on	

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{-329,929,48}{May be a negative number}\$

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

Amounts may be rounded to whole dollars.

			120022 (00111
Statement covers period		CALIFOR	
from	10/18/2020	FORM	
through	12/31/2020	Page 11	of17
		I.D. NUMBER	

NAME OF FILER

No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers.

1432592

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

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\* CVC civic donations candidate filing/ballot fees FIL FND fundraising events independent expenditure supporting/opposing others (explain)\* IND

LEG legal defense campaign literature and mailings LIT

MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks

POL polling and survey research postage, delivery and messenger services

professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals TRS

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNTINCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Strategy Group, LLC Chicago, IL 60654	LIT	18,370.97	0.00	18,370.97	0.00
The Strategy Group, LLC Chicago, IL 60654	LIT	32,938.22	0.00	32,938.22	0.00
The Strategy Group, LLC Chicago, IL 60654	LIT	210,228.68	0.00	210,228.68	0.0
	SUBTOTALS	\$ 261,537.87	\$ 0.00\$	261,537.87	\$ 0.00

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

Amounts may be rounded to whole dollars.

		OUI ILDULL C
State	ment covers period	CALIFORNIA ACO
from	10/18/2020	FORM 400
through	12/31/2020	Page12 _ of17
e worke	rs and other	I.D. NUMBER 1432592

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers.

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Saguaro Strategies LLC

COI	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	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
ND	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
Ш	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

<sup>\*</sup> 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
Facebook, Inc.	WEB		67,000.00
Palo Alto, CA 94306		· · · · · · · · · · · · · · · · · · ·	
Google, Inc.	WEB		67,000.00
Mountain View, CA 94043			
Hulu, LLC	WEB		20,000.00
Los Angeles, CA 90064		•	
Xandr Inc.	WEB		67,000.00
New York, NY 10010			
		1	
Attach additional information on appropriately labeled continuation sheets.	8		TOTAL* \$ 221,000.00

<sup>\*</sup> 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.

Amounts may be rounded to whole dollars.

Stater	ment covers period	CALIFORNIA 160
from	10/18/2020	FORM 460
through_	12/31/2020	Page 13 of 17

SCHEDULE G (CONT.

,		
SEE INSTRUCTIONS ON REVERSE	through 12/31/2020	Page 13 of 17
NAME OF FILER No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency responses essential workers.	nse workers and other	I.D. NUMBER 1432592
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

Saguaro Strategies LLC

CO	DES: If one of the following codes accurately describ	es the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphemalia/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
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

<sup>\*</sup> 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
Google, Inc.	WEB		25,000.00
Mountain View, CA 94043			
Google, Inc.	WEB		21,250.00
Mountain View, CA 94043			2
q.		×	
Google, Inc.	WEB		261,800.00
Mountain View, CA 94043			
et and the second secon			
Xandr Inc.	WEB		64,450.00
New York, NY 10010			
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 372,500.00

<sup>\*</sup> 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.

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

Amounts may be rounded to whole dollars.

Ct-to-mont occurs poried	SCHEDOLE
Statement covers period	CALIFORNIA 160
from10/18/2020	FORM 400
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ase workers and other	I.D. NUMBER 1432592

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NAME OF FILER

. No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and othe essential workers.

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Strategy Group, LLC

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

<sup>\*</sup> 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
BridgeAmerica, Inc.	LIT		187.50
University Park, FL 34201			*
Matthew Bright	LIT		625.00
Dana Point, CA 92629	1	50	mark .
Matthew Bright	LIT		625.00
Dana Point, CA 92629			
Continental Colorcraft	LIT		5,777.94
Monterey Park, CA 91754			
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 7,215.44

<sup>\*</sup> 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.

Amounts may be rounded to whole dollars.

			(
Stat	ement covers period	CALIFORNIA	460
om	10/18/2020	FORM	460

SCHEDULE G (CONT.)

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AME OF FILER No on Measure J - Protect Essential Workers. Sponsored by lab essential workers.	or groups representing emergency respons	se workers and other	I.D. NUMBER 1432592	
AME OF AGENT OR INDEPENDENT CONTRACTOR				

The Strategy Group, LLC

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

<sup>\*</sup> 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
Cornerstone Printing Inc.	LIT		50,560.68
Novato, CA 94949			
The Dot Printer, Inc.	LIT	7 Table 200	2,942.75
Irvine, CA 92614			
United States Postal Service	POS		94,972.55
Irvine, CA 92623			
United States Postal Service	POS		12,816.17
Irvine, CA 92623			12,020.17
		*	
Attach additional information on appropriately labeled continuation shee	ets.		TOTAL* \$ 161,292.15

<sup>\*</sup> 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.

Amounts may be rounded to whole dollars. Statement covers period CALIFORNIA 460

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NAME OF FILER

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No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers.

I.D. NUMBER 1432592

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

The Strategy Group, LLC

CODE	S: If one of the follo	owing codes	accurately	describes	the	payment,	you n	may e	enter t	the code.	Otherwise	, describe the	payment.
CMP ca	mnalan naranhamalia/mis			N.	ADD	memberco	mmunic	atione			DAD	radia airtima and	production cost

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks

PHO phone banks
PCL polling and survey research
POS postage, delivery and messenger services

PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

<sup>\*</sup> 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	AM	OUNT PAID
BridgeAmerica, Inc.	LIT			187.50
University Park, FL 34201				10
Matthew Bright	LIT			625.00
Dana Point, CA 92629				
			8	
Continental Colorcraft	LIT			5,777.94
Monterey Park, CA 91754				
The Dot Printer, Inc.	LIT			2,942.75
Irvine, CA 92614				
		*		
Attach additional information on appropriately labeled continuation sheet	s.		TOTAL* \$	9,533.19

<sup>\*</sup> 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.

Amounts may be rounded to whole dollars.

	SCHEDULE G (CONT.)
Statement covers period	CALIFORNIA AGO
from 10/18/2020	FORM 400
through 12/31/2020	- Page <u>17</u> of <u>17</u>
se workers and other	I.D. NUMBER 1432592

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NAME OF FILER

No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers.

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Strategy Group, LLC

COL	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	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
ND	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
Ш	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

<sup>\*</sup> 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
United States Postal Service	POS		12,816.17
Irvine, CA 92623			
Matthew Bright	LIT		625.00
Dana Point, CA 92629			
Cornerstone Printing Inc.	LIT		50,560.68
Novato, CA 94949			
United States Postal Service	FOS		95,671.15
Irvine, CA 92623			
Attach additional information on appropriately labeled continuation st			

<sup>\*</sup> 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.