

**Recipient Committee
Campaign Statement
Cover Page**

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1/20/2021 PM
PROPOSITION B UNIT

CALIFORNIA FORM **460**
Page 1 of 8
For Official Use Only

Statement covers period
from 10/18/2020
through 12/31/2020

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

changed statement period to start on 10/18/2020

3. Committee Information

I.D. NUMBER
1399598

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Association of Deputy District Attorneys' PAC in support of Jackie Lacey for Los Angeles County District Attorney 2020

STREET ADDRESS (NO P.O. BOX)

| | | | |
|--------------------|-----------|--------------|----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Los Angeles</u> | <u>CA</u> | <u>90071</u> | <u>(213)533-4227</u> |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Miji Vellakkattel

MAILING ADDRESS

| | | | |
|--------------------|-----------|--------------|----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Los Angeles</u> | <u>CA</u> | <u>90071</u> | <u>(213)533-4227</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Michele Hanisee

MAILING ADDRESS

| | | | |
|--------------------|-----------|--------------|----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Los Angeles</u> | <u>CA</u> | <u>90071</u> | <u>(213)533-4227</u> |

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 1/20/2021
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on 1/20/2021
Date

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

Executed on _____
Date

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

Executed on _____
Date

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

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

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

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

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

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| 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 Jackie Lacey | OFFICE SOUGHT OR HELD Los Angeles County Dist # | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|---|--|--|

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

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

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>8</u> |
| | I.D. NUMBER 1399598 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Association of Deputy District Attorneys' PAC in support of Jackie Lacey for Los Angeles County District Attorney 2020

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>0.00</u> | \$ <u>41472.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>0.00</u> | \$ <u>41472.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | <u>400.00</u> | <u>2150.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>400.00</u> | \$ <u>43622.00</u> |

Expenditures Made

| | | |
|---|------------------|--------------------|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>110.00</u> | \$ <u>71810.00</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>110.00</u> | \$ <u>71810.00</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | <u>400.00</u> | <u>2150.00</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>510.00</u> | \$ <u>73960.00</u> |

Current Cash Statement

| | |
|---|--------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>2,532.00</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>0.00</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | <u>0.00</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>110.00</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>2422.00</u> |

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

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

Cash Equivalents and Outstanding Debts

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

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

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 8/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

**Expenditure Limit Summary for State
Candidates**

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
|--|---------------|
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10/18/2020
through 12/31/2020

CALIFORNIA **460**
FORM

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Association of Deputy District Attorneys' PAC in support of Jackie Lacey for Los Angeles County District Attorney 2020

I.D. NUMBER

1399598

| 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) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$

Schedule A Summary

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

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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Association of Deputy District Attorneys' PAC in support of Jackie Lacey for Los Angeles County District Attorney 2020

I.D. NUMBER

1399598

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 10/20/20 | Association of Deputy District Attorneys Los Angeles, CA 90071 (sponsor) | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | campaign newsletter | 400.00 | 2150.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 400.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ 400.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** 400.00

***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 from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| Page <u>6</u> of <u>8</u> | I.D. NUMBER 1399598 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Association of Deputy District Attorneys' PAC in support of Jackie Lacey for Los Angeles County District Attorney 2020

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| 10/20/20 | George Giscorn Los Angeles County District Attorney <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | | 400.00 | 1275.00 | |
| SUBTOTAL \$ | | | | 400.00 | | |

Schedule D Summary

| | |
|---|-----------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... | \$ 400.00 |
| 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.)..... | TOTAL \$ 400.00 |

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from 10/18/2020 through 12/31/2020 | CALIFORNIA FORM 460 |
| | Page 7 of 8 |
| | I.D. NUMBER 1399598 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Association of Deputy District Attorneys' PAC in support of Jackie Lacey for Los Angeles County District Attorney 2020

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$

Schedule E Summary

| | |
|--|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 0.00 |
| 2. Unitemized payments made this period of under \$100 | \$ 110.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 110.00 |

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

Amounts may be rounded to whole dollars.

Statement covers period
 from 10/18/2020
 through 12/31/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Association of Deputy District Attorneys' PAC in support of Jackie Lcey for Los Angeles County District Attorney 2020

I.D. NUMBER

1399598

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Association of Deputy District Attorneys (sponsor)

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

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

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Jim Bunte TX 78606 | IND | | 400.00 |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 400.00

* 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.