				1	11/1/.			
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-	-84216.5)			LU3 A	Date Stamp ECEIVED B NOSLES CO	-Y	ALIFORNI FORM	460
SEE INSTRUCTIONS ON REVERSE		from	10/18/2020 gh12/31/2020	- (PR -5 PM 2 AIGN FIE A	-184	ge 1 For Officia	of 18
1. Type of Recipient Comm Officeholder, Candidate Com State Candidate Election Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Commit Political Party/Central Committee	trolled Committee Committee	☐ Primarily Committe Contro Spons (Also Comple	Formed Ballot Measure e olled sored ote Part 5) Formed Candidate/ der Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termi Amendment (Explain below	nation) v)	Supplemer Statement	Statement dd-Year Repi ntal Preelecti - Attach Fori	ion
3. Committee Information COMMITTEE NAME (OR CANDIDAT No on Measure J - Prote groups representing eme workers.	ct Essential We	MMITTEE) orkers. Spons	32592 ored by labor	Treasurer(s) NAME OF TREASURER Andreas Jung MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE	CITY Los Angeles NAME OF ASSISTANT TREASURER,	STATE CA . IF ANY	ZIP CODE 90020	ARI	EA CODE/PHONE (213) 487-988
Los Angeles MAILING ADDRESS (IF DIFFERENT	CA	90006	(916) 442-7757	MAILING ADDRESS	100 9000000			
CITY Sacramento OPTIONAL: FAX / E-MAIL ADDRES	STATE CA	ZIP CODE 95814	AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE		EA CODE/PHONE
fppc@bmhlaw.com	*	,					PROP	and .
4. Verification I have used all reasonable diliger under penalty of perjury under the Executed on	nce in preparing and e laws of the State of O'3-202 Date	reviewing this sta f California that the	By	Signature of Treasurer or Assistant Treas	entor Responsible Officer of		truend con	NOTELES COUNTY
Executed on			Ву	Olerahan (Contalling Office helder Occ.)	I Di			

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERF	AG	E-PART2
	ORNIA DRM	4	160
Page _	2	of _	18

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE		Me	ME OF BALLOT MEASURE asure J: Community nimum County Budget	Investment a	nd Alternat	ives to Inc	earceration	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	BER IF APPLICABLE)	BAL	LOT NO. OR LETTER	JURISDICTIO	N		SUPPORT	
15:		`		County of	Los Angeles	s X	OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP					•		
*		Ide	ntify the controlling of	ficeholder, can	didate, or sta	ate measure	proponent, if any	
		NAM	ME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT			
Related Committees Not Included in this Stateme	nt. Listama sammittasa			20	•			
not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy	orimarily formed to receive	OFF	FICE SOUGHT OR HELD			DISTRICT NO.	F ANY	
COMMITTEE NAME I.D. N	IUMBER	_						
19		7. Pri	marily Formed Car	didate/Offic	eholder Co	mmittee Li	st names of	
	FROLLED COMMITTEE?	offi	ceholder(s) or candidate	s) for which this	committee is	primarily form	ed.	
	YES NO	NAN	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	1-	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		100					SUPPORT OPPOSE	
CITY STATE ZIP CODE	AREA CODE/PHONE	NAM	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT	
				K1	1	20	OPPOSE	
COMMITTEE NAME I.D. N	IUMBER		45 OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOLI	GHT OR HELD		
		NAI	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOOK	SITI ON TIELD	SUPPORT OPPOSE	
		12000					OFFOSE	
	TROLLED COMMITTEE? YES NO	NAM	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	YES NO						OPPOSE	
COMMITTEE ADDRESS (NO P.O. BOX)								
CITY. STATE ZIP CODE	AREA CODE/PHONE		12/02	ach continuatio				
OIT I. SIAIE ZIP CODE	AREA CODE/POUNE							

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 10/18/2020 CALIFORNIA FORM 460

	from10/18/2020	PORIVI
SEE INSTRUCTIONS ON REVERSE	through12/31/2020	Page3 of18
NAME OF FILER No on Measure J - Protect Essential Workers. Sponsored by labor groups representing eme essential workers.	ergency response workers and other	I.D. NUMBER 1432592

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	\$	1,437,291.86	\$	4,567,291.86	
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1,437,291.86	\$	4,567,291.86	20. Contributions Received \$ \$
4. Nonmonetary Contributions		0.00		6,903.60	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1,437,291.86	\$	4,574,195.46	Made \$ \$
Expenditures Made		2 2			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	1,549,775.13	\$	4,578,282.37	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,549,775.13	\$	4,578,282.37	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		-329,929.48		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00		6,903.60	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	1,219,845.65	\$	4,585,185.97	<i>J</i> !\$
Current Cash Statement		*	Г		/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	101,492.76	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		1,437,291.86	an	nounts in Column A to the	200 000 000 000 000
14. Miscellaneous Increases to Cash Schedule I, Line 4		10,990.51		rresponding amounts om 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		1,549,775.13		port. Some amounts in blumn A may be negative	, reported in column 2.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0.00	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.			pe	btracted from previous	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	e first report being filed this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00	all	y).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$.	0.00	l		
120					FPPC Form 460 (Jan

Schedule A **Monetary Contributions Received**

essential workers.

Amounts may be rounded to whole dollars.

SCHEDULE	F

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period from10/18/2020	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	,	through _12/31/2020	Page4 of18
NAME OF FILER No on Measure J - Protect Essential Workers. Sponsore	ed by labor groups representing emergency resp	onse workers and other	I.D. NUMBER 1432592

PER ELECTION IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS TO DATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF REQUIRED) PERIOD (IF SELF-EMPLOYED, ENTER NAME (JAN. 1 - DEC. 31) OFBUSINESS) 10/19/2020 3,789,195.46 Association for Los Angeles Deputy Sheriffs □IND 500,000.00 PIC (ID# 1358163) X COM Потн Monterey Park, CA 91755 **□PTY** □ SCC 10/22/2020 Association for Los Angeles Deputy Sheriffs 300,000.00 3,789,195.46 □IND PIC (ID# 1358163) X COM □ OTH Monterey Park, CA 91755 PTY □ SCC 10/27/2020 Association for Los Angeles Deputy Sheriffs 200,000.00 3,789,195.46 □IND PIC (ID# 1358163) X COM ПОТН Monterey Park, CA 91755 **□** PTY SCC 10/27/2020 Peace Officers Research Association of 200,000.00 300,000,00 California PIC (PORAC PIC) (ID# 911908) X COM ☐ OTH Sacramento, CA 95834 **□** PTY □ SCC 11/02/2020 Association for Los Angeles Deputy Sheriffs 260,000.00 3,789,195.46 PIC (ID# 1358163) X COM □ OTH Monterey Park, CA 91755 □ PTY □SCC

SUBTOTAL\$ 1,460,000.00

Schedule A Summary

 Amount received this period – itemized monetary contributions. 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period.

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (C

Statement covers period

Monetary	Contributions Received	Amounts may to whole o		from10/18/	•	CALI	FORNIA 460
			D.	through 12/31,	/2020	Page_	5 of 18
NAME OF FILER No on Measuressential wo	e J - Protect Essential Workers. Sponsored by lab	or groups re	presenting emergency respo	nse workers and o	ther	I.D. NUI 14325	
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
11/03/2020	California Association of Professional Employees PAC (CAPE PAC) (ID# 761351) Long Beach, CA 90802	☐IND IND IND OTH PTY SCC		10,000.00	30,0	00.00	
12/31/2020	Association for Los Angeles Deputy Sheriffs PIC (ID# 1358163) Monterey Park, CA 91755	□IND INCOM □OTH □PTY □SCC		-21,717.63	3,789,1	95.46	
12/31/2020	Association for Los Angeles Deputy Sheriffs PIC (ID# 1358163) Monterey Park, CA 91755	□IND □COM □OTH □PTY □SCC		-10,990.51	3,789,1	95.46	
	-	□IND □COM □OTH □PTY □SCC	S.F				
		□IND □COM □OTH □PTY □SCC		`			10
			SUBTOTAL	\$ -22,708.14			

*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.

		SCHEDULE E
Statem	ent covers period	CALIFORNIA 160
from	10/18/2020	FORM 400
through _	12/31/2020	Page6 of18
	-	I.D. NUMBER

to whole			from	10/18/2020	FOI	NIVI
			diament.	12/31/2020	Davis 6	6 -6 18
SEE INSTRUCTIONS ON REVERSE			through	12/31/2020		6 of18
NAME OF FILER				2 20	I.D. NUN	_
No on Measure J - Protect Essential Workers. Sponsored by labor groessential workers.	ups represen	ing emergency resp	ponse worker	rs and other	143259	02
CODES: If one of the following codes accurately describes the payment	nt, you may e	enter the code. Other	erwise, desc	cribe the payment.		
	er communication	27.1		lio airtime and production	costs	
CNS campaign consultants MTG meetin CTB contribution (explain nonmonetary)* OFC office	igs and appeara	nces		urned contributions mpaign workers' salaries		
	n circulating			or cable airtime and produ	uction costs	3
FIL candidate filing/ballot fees PHO phone				ndidate travel, lodging, and		
	and survey res	earch messenger services		ff/spouse travel, lodging, a nsfer between committees		ne candidate/sponsor
LEG legal defense PRO profess		legal, accounting)	VOT vot	ter registration		
LIT campaign literature and mailings PRT print a	ds	,	WEB info	ormation technology costs	(internet, e	-mail)
NAME AND ADDRESS OF PAYEE	-					75 70 070 20070002 200420
(IF COMMITTEE, ALSO ENTER (.D. NUMBER)	CODE	OR DI	ESCRIPTION OF	PAYMENT		AMOUNT PAID
The Strategy Group, LLC	LIT					18,370.9
Chicago, IL 60654						
	ì					
The Strategy Group, LLC	LIT	-				32,938.2
Chicago, IL 60654						
Saguaro Strategies LLC	WEB	-	,			259,999.9
	WED				1	255,355.5
Berkeley, CA 94704						
ρ (1)				- ci		
* Payments that are contributions or independent expenditures must also be s	summarized or	Schedule D.		SUI	BTOTAL\$	311,309.1
Schedule E Summary		50 X M M M M				
43 ab + 0.00 ab 50 475 ab 10.00 ab 10.00 ab 10.00 ab 10.00 € 0.00 ab 10.00					•	1 549 775 12
1. Itemized payments made this period. (Include all Schedule E subtotals.)						
Unitemized payments made this period of under \$100					\$	0.00
Total interest paid this period on loans. (Enter amount from Schedule B,	Part 1, Colum	n (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)

Amounts may be rounded

2000000000	or service of	SCHEDULE E (CO	ΝΙ.,
State	ment covers period	CALIFORNIA 46	า
from	10/18/2020	FORM TO	
through	12/31/2020	Page 7 of 18	
se worke	ers and other	I.D.NUMBER 1432592	•

Payments Made	to whole dollars.	from10/18/2020	FORM	400
SEE INSTRUCTIONS ON REVERSE	8	through12/31/2020	Page7	of <u>18</u>
NAME OF FILER No on Measure J - Protect Essential Workers. essential workers.	Sponsored by labor groups representing emergency response	nse workers and other	I.D. NUMBER 1432592	
20DE0- 16				

No on Measure \mathcal{J} - Frotect Essential Workers. Sponsored by labor groups essential workers.	representi	ng emergency resp	oonse 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 exp petition cir PHO phone bar POL polling and POS postage, of	ommunications and appearance enses culating ks I survey resea	es	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	cribe the payment airtime and production aird contributions aign workers' salaries cable airtime and product travel, lodging, are petween committee registration nation technology cost	n costs duction costs d meals , and meals es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR D	ESCRIPTION OF PA	AYMENT		AMOUNT PAID
The Strategy Group, LLC	LIT					210,228.68
Chicago, IL 60654						
						6
RG Strategies LLC	POL					35,500.00
Santa Barbara, CA 93108						
AKPD Message and Media LLC	TEL					11,391.61
Chicago, IL 60654	8					
		1				
The Strategy Group, LLC	LIT					~ 210,917.82
Chicago, IL 60654						
						*

The Strategy Group, LLC LIT 32,938.22 Chicago, IL 60654 *Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 500,976.33

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA 16	n
from	10/18/2020	FORM 40	U
through.	12/31/2020	Page8 of18	_
se worke	rs and other	I.D.NUMBER 1432592	_

SEE INSTRUCTIONS ON REVERSE NAME OF FILER No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency respon essential workers.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants RFD returned contributions MTG meetings and appearances contribution (explain nonmonetary)* CTB OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs PET candidate filing/ballot fees FIL PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals POL independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense VOT voter registration PRO professional services (legal, accounting) campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print-ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR **DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Saguaro Strategies LLC WEB 25,000.00 Berkeley, CA 94704 The Strategy Group, LLC LIT 32,938.22 Chicago, IL 60654 RG Strategies LLC POL 53,000.00 Santa Barbara, CA 93108 Saguaro Strategies LLC WEB 385,000.00 Berkeley, CA 94704 Saguaro Strategies LLC WEB 25,000.00 Berkeley, CA 94704 520,938.22

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

Schedule E (Continuation Sheet)

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be to whole do				Statement covers period from10/18/2020		^{RNIA} 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throug	h 12/31/2020	Page	
No on Measure J - Protect Essential Workers. Sponsored Ressential workers.	by labor groups i	epresentin	g emergency respo	nse wor	kers and other	1432592	
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events 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 circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey researd ivery and me	5	RAD II RFD II SAL O TEL II TRC O TRS II TSF II VOT IV	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and proceandidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration information technology costs	luction costs d meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DES	CRIPTION	OF PAYMENT		AMOUNT PAID
The Strategy Group, LLC Chicago, IL 60654		LIT					212,551.42
VR Research, Inc. Berkeley, CA 94708	35	POL					4,000.00
			,		e e	,	

*Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 216,551.42

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

 Statement covers period from
 CALIFORNIA FORM
 460

 through
 12/31/2020
 Page
 10
 of
 18

 I.D. NUMBER
 I.D. NUMBE

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

CO	DES: If one of the following codes accurately describe	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)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (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	POL	53,000.00	0.00	53,000.00	0.00
Santa Barbara, CA 93108					
VR Research, Inc.	POL	4,000.00	0.00	4,000.00	0.00
Berkeley, CA 94708					
AKPD Message and Media LLC	TEL	11,391.61	0.00	11,391.61	0.00
Chicago, IL 60654					
2 8					
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 68,391.61	\$ 0.00\$	68,391.61\$	0.00

Schedule F Summary

- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$ ______329,929.48
- 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}\$

www.fppc.ca.gov

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

Amounts may be rounded to whole dollars.

| CALIFORNIA | FORM | 460 | FORM | Total | Form | 10/18/2020 | FORM | FO

NAME OF FILER

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

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

(MP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
(CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
C	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
F	7L	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
F	ND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
II	ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
L	EG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
L	Л	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 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
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.

		SCHEDULE
State	nent covers period	CALIFORNIA ACO
from	10/18/2020	FORM 400
through	12/31/2020	Page 12 of 18
se worker	es and other	I.D. NUMBER 1432592

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

CO	DES: If one of the following	codes accurately descri	ribes the	payment, you may enter the code.	Otherwise	e, describe the payment.	2.00
CMP	campaign paraphernalia/misc.	1	MBR	member communications	RAD	radio airtime and production costs	
	campaign consultants		MTG	meetings and appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*		OFC	office expenses	SAL	campaign workers' salaries	
CVC	civic donations		PEÌ	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/s	ponsor
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
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	2 3	67,000.00
New York, NY 10010			
Attach additional information on appropriately labeled continuation sheets.		Т	OTAL* \$ 221,000.00

^{*} 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.

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

Amounts may be rounded to whole dollars.

SCHEDULE G (CONT.)

Statement covers period	CALIFORNIA 460				
from 10/18/2020					
through 12/31/2020	Page 13 of 18				
onse workers and other	I.D. NUMBER 1432592				

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

CO	DES: If one of the following codes accurately	describes 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
DID	for a description of the contract of the contr	501			

FND fundraising events POL polling IND independent expenditure supporting/opposing others (explain)* POS postage

LEG legal defense

LIT campaign literature and mailings

POL polling and survey research
POS postage, delivery and messenger services
POC professional services (legal accounting)

PRO professional services (legal, accounting)
PRT print ads

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IFCOMMITTEE, 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	777727		
~		342	
Google, Inc.	WEB	*	261,800.00
Mountain View, CA 94043		Tipe .	
Xandr Inc.	WEB		64,450.00
New York, NY 10010			

Attach additional information on appropriately labeled continuation sheets.	20	TOT	AL* \$ 372,500.00-

* 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.

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

Amounts may be rounded to whole dollars.

		SCHEDULE G
Staten	nent covers period	CALIFORNIA ACO
from	10/18/2020	FORM 400
through_	12/31/2020	Page 14 of 18
se worker	s and other	I.D. NUMBER 1432592

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measure J - Frotect Essential Workers. Sponsored by labor groups representing emergency respons essential workers.

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Strategy Group, 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 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	PRI	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
BridgeAmerica, Inc.	LIT		187.50
University Park, FL 34201			
Matthew Bright	LIT		625.00
Dana Point, CA 92629			
Matthew Bright	LIT		625.00
	1111		623.00
Dana Point, CA 92629			
Continental Colorcraft	LIT	1	5,777.94
Monterey Park, CA 91754			
		_	
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 7,215.44

* 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

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

Amounts may be rounded to whole dollars.

SCHEDULE G (CONT.) Statement covers period froi

m	10/18/2020	FORM	460
		200 128	

BEE INSTRUCTIONS ON REVERSE	through 12/31/2020	Page 15 of 18
NAME OFFILER No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency responses to the second seco	nse workers and other	I.D. NUMBER 1432592

NAME 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)*	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 LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cornerstone Printing Inc.	LIT		50,560.68
Novato, CA 94949		81	
The Dot Printer, Inc.	LIT		2,942.75
Irvine, CA 92614			
United States Postal Service	POS	9	94,972.55
Irvine, CA 92623			
United States Postal Service	POS		12,816.17
Irvine, CA 92623		•	
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 161,292.15

* 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 (Continuation Sheet) Payments Made by an Agent or Independent

Amounts may be rounded to whole dollars

SCHEDULE G (CONT.) Statement covers period **CALIFORNIA**

Contractor (on Behalf of This Committee)	to whole dollars.	from 10/18/2020	FORM	
SEE INSTRUCTIONS ON REVERSE	6	through 12/31/2020	Page16	of <u>18</u>
NAME OF FILER No on Measure J - Protect Essential Workers. Sponsore essential workers.	d by labor groups representing emergency response	nse workers and other	I.D. NUMBER 1432592	
IAME 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 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)

^{*} 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		-	et.		
	ļ				
Matthew Bright	LIT				625.00
Dana Point, CA 92629					
Continental Colorcraft	LIT				5,777.94
Monterey Park, CA 91754					
The Dot Printer, Inc.	LIT	1			2,942.75
Irvine, CA 92614					9
Attach additional information on appropriately labeled continuation sheets.			Ti	DTAL* \$	9,533.19

* 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 (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

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

NAME 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	(8)	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		
ENID	fundraising avents	BOIL	polling and survey research		TDC	stoff(species trave) ledging and mode		

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

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

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
United States Postal Service	POS		12,816.17
Irvine, CA 92623			
Matthew Bright	LIT	•	625.00
Dana Point, CA 92629		•	
Cornerstone Printing Inc. Novato, CA 94949	LIT	2	50,560.68
United States Postal Service	POS		95,671.19
Irvine, CA 92623	-		
Attach additional information on appropriately labeled continuation sheets.		TOTAL*	\$ 159,673.04

* 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.

SEE INSTRUCTION NAME OF FILER No on Measure	NS ON REVERSE a J - Protect Essential Workers. Sponsored by labor groups rej	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA FORM 460 Page 18 of 18 I.D. NUMBER 1432592	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
12/31/2020	(IF COMMITTEE, ALSO ENTER ID. NUMBER) AKPD Message and Media LLC Chicago, IL:60654	Refund overpayme	nt	10,990.51	
			7		
				,	
Attach addi	itional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 10,990.5	
 Unitemized Total of all 	Summary ncreases to cash this period	e H, Column (e).)	\$0.00		
	Page, Line 14.)		TOTAL \$10,990.51		