Recipient Committee CALIFORNIA Campaign Statement **FORM** Cover Page Date of election if applicable: (Month, Day, Year) Statement covers period 01/01/2021 from For Official Use Only 06/30/2021 through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 Quarterly Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Committee State Candidate Election Committee Special Odd-Year Report X Semi-annual Statement Controlled Recall Termination Statement Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) (Also Complete Part 6) General Purpose Committee X Amendment (Explain Below) Primarily Formed Candidate/ Sponsored We are amending this report in order to provide the full address information for all expenditures made on this report. Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER 1402586 Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Whitney Tymas CA Justice & Public Safety: Committee to Support George Gascón for Los Angeles MAILING ADDRESS District Attorney 2020 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 804-573-9670 Washington, DC 20005 ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Los Angeles, CA 90067 804-573-9670 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles, CA 90067 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS wtymas@gmail.com 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. 10/29/2021 Whitney Tymas Executed on Signature of Treasurer or Assistant Treasurer Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor DATE 10/29/2021 Whitney Tymas Executed on DATE Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on

DATE

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page - Part 2

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COMMITTEE NAME NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE ** SEE ATTACHED **	suppose opposent, if
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state many. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD COMMITTEE NAME I.D. NUMBER T. Primarily Formed Candidate/Officeholder Committee in primarily for which this committee is primarily for which this committee is primarily for which this committee is primarily for candidate in the statement that are controlled by you or are primarily formed to receive contributions or OFFICE SOUGHT OR HELD T. Primarily Formed Candidate/Officeholder Committee in the committee is primarily for which this committee is primarily for candidate in the committee in the committee is primarily for candidate in the committee in the committee is primarily for candidate in the committee in the comm	neasure proponent, if
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 DISTRICT COMMITTEE NAME NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD T. Primarily Formed Candidate/Officeholder Committee of the primarily formed is primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement: List any committees of the primarily formed in this statement in the primarily formed in the primarily formed in this statement in the primarily formed in this statement in the primarily formed in the primarily	
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Officeholder(s) or candidate(s) for which this committee is primare COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE ** SEE ATTACHED **	
** SEE ATTACHED **	List names of rily formed.
	SUPPORT
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CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER CONTROLLED COMMITTEE?	OPPOSE
YES NO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	OPPOSE
CITY STATE ZIP CODE AREA	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 01/01/2021 from 06/30/2021 3 of 15 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILEH

CA Justice & Public Safety: Committee to Support George Gascón fo	r Los Angeles Distri	ct Attorney 2020		1402586
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	COLUMN B CÁLENDAR YEAR TOTAL TO DATE	Running in Both th	nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$0.00	General Elections	
2. Loans Received Schedule B, Line 3	0.00	0.00	1/1 th	rough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$	s0.00	\$ 0.00	20. Contributions Received	0.00 \$ 0.00
Nonmonetary Contributions Schedule C, Line 3	0.00	0.00		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$	\$0.00	\$ 0.00	21. Expenditures s	0.00 \$ 0.00
Expenditures Made			Expenditures Limi Candidates	it Summary for State
S. Payments Made Schedule E, Line 4	\$ 120.00	\$120.00		
7. Loans Made Schedule H, Line 3	0.00	0.00		ative Expenditures Made* Voluntary Expenditure Limit)
B. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$120.00	\$120.00	. (
). Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00	Date of Electron	Table Date
O. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	Date of Election (mm/dd/yy)	Total to Date
1. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$120.00	\$120.00		_ \$
Current Cash Statement		To calculate Column B,		\$
2. Beginning Cash Balance Previous Summary Page, Line 16	\$5,969.10	add amounts in Column A to the corresponding		_
3. Cash Receipts Column A, Line 3 above	0.00	amounts from Column B of your last report. Some amounts in Column A may		- \$
4. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	be negative figures that should be subtracted from	-	
5. Cash Payments Column A, Line 8 above	120.00	previous period amounts. If this is the first report being		\$
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	s 5,849.10	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		30.00

0.00

0.00

0.00

Schedule B, Line 2 \$

See instructions on reverse

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

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

17. LOAN GUARANTEES RECEIVED.....

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....

NAME OF FILER CA Justice & Public	I.D. NUMBER 1402586				
FORM	REFERENCE		NOTES		
CA 460	Cover - Section 7	NAME OF OFFICEHOLDER OR CANDIDATE George Gascón		OFFICE SOUGHT OR HELD District Attorney	SUPPORT OPPOSE
CA 460	Cover - Section 7	NAME OF OFFICEHOLDER OR CANDIDATE Jackie Lacey		OFFICE SOUGHT OR HELD District Attorney	SUPPORT OPPOSE

2 , ***

Schedule Monetary	A Contributions Received	Amo	ounts may be rounded to whole dollars.	Statement cove	ers period 01/2021		ORNIA 460
SEE INSTRUCTION	INS ON REVERSE			550/1	30/2021	Page _	5 of 15
	& Public Safety: Committee to Support George Gas	scón for Los A	ngeles District Attorney 202	0		I.D. NUMBER	1402586
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEN	TIVE TO DATE IDAR YEAR - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC					
Amount rec (Include all S Amount rec Total mone	elived this period - itemized monetary contributions. Schedule A subtotals.)		\$\$\$	0.00	_	OTH - Other PTY - Politica	ual elent Committee r than PTY or SCC) (e.g., business entity)

SUBTOTAL \$

Schedule B - Part 1 Loans Received							SC CALIFORNI FORM	HEDULE B - PAR
					from01/	01/2021	FORIVI	-100
SEE INSTRUCTIONS ON REVERSE					through06/	30/2021	Page 6	of15
NAME OF FILER	ttoo to Cumpart Coords Co	nacén fau Las A	nacion District	Attorney 200			I.D. NUMBER	
CA Justice & Public Safety: Commit	itee to Support George Ga	ascon for Los A	ingeles District	Attorney 2020	, 		1402	2586
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID FORGIVEN THIS PERIOD **		(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS DATE
				PAID				CALENDAR YEAR
				s	s	9	6 s	PER ELECTION**
	1			FORGIVEN	-	RATE		
		s	s	s		s		
*☐IND ☐ COM ☐OTH ☐ PTY☐ SCC					DATEDUE		DATE INCURRED	
Schedule B Summary			*	1 (1 () () () () () () () () ()		111111		
1. Loans received this period					\$0.00			
(Total Column (b) plus unitemized to	oans of less than \$100.)						* Contributor Codes	3
2. Loans paid or forgiven this period (Total Column (c) plus loans under s (Include loans paid by a third party t		 hedule A.)			\$0.00		IND - Individual COM - Recipient Co (other than OTH - Other (e.g., I PTY - Political Part	PTY or SCC) business entity)
Net change this period. (Subtract Li Enter the net here and on the Sumr				NET	\$ 0.00 (May be a negative nu	mher)	SCC - Small Contri	butor Committee
Litter the het here and on the Sum	nary rage, Column A, Line	£-			(way be a negative nu	11001)		

SUBTOTALS \$	\$ \$	\$

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

(Enter (e) on
Schedule E, Line 3) FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B - Part 2						SCHEDULE B - PART 2			
Loan Guarantors		to whole dollars.			01/01/2021	CALIFORNIA 46			
SEE INSTRUCTIONS ON REVERSE				through	06/30/2021	Page7	of15		
NAME OF FILER CA Justice & Public Safety: Committee to Sup	port George Ga	ascón for Los Angeles Distric	t Attorney 202	0		I.D. NUMBER 14025	586		
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	i	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	□ IND		ı	ENDER		\$PER ELECTION (IF REQUIRED)			
786	OTH PTY SCC				DATE				
						'	et e		

SUBTOTAL \$

Enter on Summary Page. Line 17 only.



Schedule (Nonmonet	C cary Contributions Received		Amounts may be rounded to whole dollars.	1	from	01/01/2021 06/30/2021	CALIFORN FORM	SCHEDULE CO. 1A 460
SEE INSTRUCTION	S ON REVERSE				through .		Page	_ of
NAME OF FILER	k Public Safety: Committee to Support Geo	rge Gascón	for Los Angeles District A	ttorney 202	20		I.D. NUMBER 1402	2586
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)		PTION OF R SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 91)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC						
	*	IND COM OTH PTY SCC						
Schedule (C Summary						* Contributor Codes	
(Include all S 2. Amount rece 3. Total nonmo	sived this period - itemized nonmonetary contribution chedule C subtotals.)	tions of less tha		\$	\$	0.00	iND - Individual COM - Recipient Com (other than PT OTH - Other (e.g., but PTY - Political Party SCC - Small Contribu	Y or SCC) siness entity)
					SUBTOTAL	\$		

Supporting	O of Expenditures g/Opposing Other s, Measures, and Committees	Amounts may be rounded to whole dollars.			Statement covers period from01/01/2021 through06/30/2021			RNIA Z	160 15
NAME OF EILER						- 17			
NAME OF FILER CA Justice & Public Safety: Committee to Support George Gascón for Los Angeles District Attorney 2020 1.D. NUMBER 1402586									
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	CALE	TIVE TO DATE NDAR YEAR 1 - DEC. 31)		ION TO DATE QUIRED)
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
SCHEDULE	D SUMMARY								
1. Itemized cor	ntributions and independent expenditures made this per	iod. (Include all Scheo	dule D subtotals.) -					\$0	.00
2. Unitemized	contributions and independent expenditures made this p	period of under \$100						\$0	.00
3. Total contrib	outions and independent expenditures made this period.	(Add Lines 1 and 2. I	Do not enter on the Si	ummary Pa	ige.)		TOTAL	\$0	.00
			SUBTOT	AL \$			400		

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

	Statement covers period	CALIFORNIA / CO
fro	m01/01/2021	FORM 40U
thi	ough06/30/2021	Page 10 of 15
000		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CA Justice & Public Safety: Committee to Support George Gascón for Los Angeles District Attorney 2020

1402586

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

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 communications

MTG meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL 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 airlime 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)

* Payments that are contributions or independent expenditures must also be summarized on Schedu	le D.	SUBTOTAL \$	100.00
Amalgamated Bank Washington, DC 20036	OFC	Bank Fee	10.00
Amalgamated Bank Washington, DC 20036	OFC	Bank Fee	10.00
Amalgamated Bank Washington, DC 20036	OFC	Bank Fee	10.00
Amalgamated Bank Washington, DC 20036	OFC	Bank Fee	70.00
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

	Stateme	ent covers period	CALIFORNIA 160
	from	01/01/2021	FORM 400
	through	06/30/2021	Page11 of15
20:	20		I.D. NUMBER 1402586

		Statement covers period	GALIFORNIA / CO	
		from01/01/2021	FORM 460	
		through06/30/2021	Page11of15	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			I.D. NUMBER	
CA Justice & Public Safety: Committee to Support 0	George Gascón for Los Angeles District Attorne	eý 2020	1402586	
CODES: If one of the following codes accurately descri	ibes the payment, you may enter the code. Otherw	ise, describe the payment.		
CMB compoign parapharmalia/mica	MRD member communications	PAD radio airtimo and pro	adjustion costs	

CMP campaign paraphernalia/misc. CNS campaign consultants RAD radio airtime and production costs MBR member communications MTG meetings and appearances 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 CTB contribution (explain nonmonetary)*
CVC civic donations OFC office expenses PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting) FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense VOT votor registration
WEB information technology costs (Internet, e-mail) LIT campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Amalgamated Bank		Bank Fee	
Washington, DC 20036	OFC		10.00
Amalgamated Bank		Bank Fee	
Washington, DC 20036	OFC	bank ree	10.00
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$120.00
2. Unitemized payments made this period of under \$100			- \$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B,	Part 1, Column (e	9).)	\$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.)	AL \$120.00
* Payments that are contributions or independent expenditures must also be summarized on Schedu	ile D.	SUBTOTAL	20.00

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may to whole		Statement covers		SCHEDULE FORNIA
		10	rom01/01/	2021 F	ORM 400
		t	hrough06/30/	2021 Page	12 of 15
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	0	5		I.D. NUMI	
CA Justice & Public Safety: Committee to Support George	Gascon for Los Angeles	District Attorney 2020			1402586
CODES: If one of the following codes accurately describes the CMP campalgn 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 communi MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and survey	cations earances research and messenger services	RAD radio airtin RFD returned of SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spour TSF transfer be VOT voter regis	workers' salaries e airtime and production of travel, lodging, and meals se travel, lodging, and mea stween committees of the s	als same candidate/sponsor
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	(0) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SCHEDULE F SUMMARY					
 Total accrued expenses incurred this period. (Include all Schedule F, accrued expenses of \$100 or more, plus total unitemized accrued ex 				NCURRED TOTALS	\$0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Co accrued expenses of \$100 or more, plus total unitemized payments of	lumn (c) subtotals for payment on accrued expenses under \$1	s on 00.)		PAID TOTALS	\$ 0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference on the Summary Page, Column A. Line 9.)	ence here and			(100 mode)	-

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

0.00

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 from01/01/2021 through06/30/2021	CALIFORNIA 46 FORM Page 13 of 15
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			I.D. NUMBER
CA Justice & Public Safety: Committee to Support George G	ascón for Los Angeles District Attorney 2	2020	1402586
CODES: If one of the following codes accurately describes the page campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC divic donations FiL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and producti RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr TRC candidate travel, lodging, TRS staff/spouse travel, lodging	os roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* Paymente that are contribu	Mana as Indanas	deat endlisses with	a alaa ba ayaasa	land as Caba	J. J. F
 Paymonte that are contribute 	rtione or indonor	dent evnendituree mus	et alen ha eummai	rized on School	duit l

TOTAL * \$

^{**} 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 H		Am	ounts may be rounde to whole dollars.	ed				SCHEDULE
Loans Made to Others*			to whole dollars.		Statement cove	ors period 01/2021	CALIFORNIA FORM	460
				*	through06/	30/2021	Page 14	of15
SEE INSTRUCTIONS ON REVERSE NAME OF FILER CA Justice & Public Safety: Commit	ttee to Support George Ga	scón for Los A	Angeles District	Attorney 2020		*	I.D. NUMBER 14028	586
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENESS THE PERIOD *	(d) OUTSTANDING S BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$ FORGIVEN	. \$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION*
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	

SUBTOTALS \$ \$ \$

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER CA Justice & Public Safety: Committee to Support George Gascón for	Amounts may be rounded to whole dollars. or Los Angeles District Attorney 202	Statement covers period from01/01/2021 through06/30/2021	CALIFORNIA 460 FORM 15 of 15 I.D. NUMBER 1402586
DATE RECEIVED FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESC	RIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Schedule I Summary 1. Itemized increases to cash this period	column (e).)		