

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
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PROPOSITION 5 UNIT

CALIFORNIA FORM 460
Page 1 of 19
For Official Use Only

Statement covers period
from 10/23/2022
through 12/31/2022

Date of election if applicable:
(Month, Day, Year) 2023 FEB -3 AM 9:44

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

3. Committee Information

I.D. NUMBER
1453855

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

First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	213-381-5611

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	213-452-6565

OPTIONAL: FAX / E-MAIL ADDRESS

sshin@kaufmanlegalgroup.com / 213-452-6575

Treasurer(s)

NAME OF TREASURER

Yvonne Wheeler

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90006	(213) 381-5611

NAME OF ASSISTANT TREASURER, IF ANY

Devin Osiri

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90006	(213) 381-5611

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 1/31/2023
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on _____
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
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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
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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
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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 Bob Hertzberg	OFFICE SOUGHT OR HELD Board of Supervisors	<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
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
through	12/31/2022	Page <u>3</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO

I.D. NUMBER

1453855

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$270,000.00	\$1,735,000.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$270,000.00	\$1,735,000.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$13,174.69	\$13,174.69
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$283,174.69	\$1,748,174.69

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	_____	_____
21. Expenditures Made	_____	_____

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$679,352.34	\$1,735,000.00
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$679,352.34	\$1,735,000.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-\$169,535.42	\$0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$13,174.69	\$13,174.69
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$522,991.61	\$1,748,174.69

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy)	Total to Date
_____	_____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$409,352.34
13. Cash Receipts..... Column A, Line 3 above	\$270,000.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$679,352.34
16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15	\$0.00

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$0.00

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).

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO

I.D. NUMBER
1453855

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)
12/20/2022	Los Angeles County Federation of Labor, AFL-CIO Council on Political Education Los Angeles, CA 90006-2202 ID: 742204	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$63,174.69	
10/25/2022	Los Angeles County Firefighters Local 1014 Los Angeles, CA 90017-5864 ID: 1443772	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200,000.00	\$400,000.00	
11/02/2022	SEIU United Service Workers West (SEIU USWW) Los Angeles, CA 90015-3310 ID: 1443357	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	\$20,000.00	

SUBTOTAL \$270,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$270,000.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$270,000.00

*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.

Statement covers period	CALIFORNIA FORM 460
from 10/23/2022 through 12/31/2022	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO

I.D. NUMBER
1453855

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)
12/31/2022	Los Angeles County Federation of Labor, AFL-CIO Council on Political Education Los Angeles, CA 90006-2202 ID: 742204	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal and Treasury Fees & Expenses	\$13,174.69	\$63,174.69	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$13,174.69

Schedule C Summary

- Amount received this period -itemized nonmonetary contributions.
(Include all Schedule C subtotals.)..... \$13,174.69
- Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$13,174.69

*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	CALIFORNIA FORM 460
from 10/23/2022	
through 12/31/2022	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO

I.D. NUMBER
1453855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2022	Bob Hertzberg Board of Supervisors County: County of Los Angeles District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POL	\$6,750.00	\$1,733,280.71	
10/25/2022	Bob Hertzberg Board of Supervisors County: County of Los Angeles District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT & POS	\$142,646.56	\$1,733,280.71	
10/25/2022	Bob Hertzberg Board of Supervisors County: County of Los Angeles District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT & POS	\$24,213.12	\$1,733,280.71	

SUBTOTAL \$173,609.68

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$508,147.63
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 \$508,147.63

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

. Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period	CALIFORNIA FORM 460
from 10/23/2022	
through 12/31/2022	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO

I.D. NUMBER

1453855

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2022	Bob Hertzberg Board of Supervisors County: County of Los Angeles District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT & POS	\$141,891.25	\$1,733,280.71	
10/31/2022	Bob Hertzberg Board of Supervisors County: County of Los Angeles District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT & POS	\$144,184.00	\$1,733,280.71	
11/01/2022	Bob Hertzberg Board of Supervisors County: County of Los Angeles District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT & POS	\$48,462.70	\$1,733,280.71	

SUBTOTAL \$334,537.95

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$508,147.63
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 \$508,147.63

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 10/23/2022 through 12/31/2022	
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NAME OF FILER First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO	I.D. NUMBER 1453855
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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 | 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
Los Angeles County Federation of Labor, AFL-CIO Council on Political Education Los Angeles, CA 90006-2202 ID: 742204	RFD			\$1,669.29
RG Strategies LLC Rehoboth Beach, DE 19971-1423	IND		POL, Bob Hertzberg, Support	\$6,750.00
The Strategy Group, LLC Chicago, IL 60661-2559	IND		LIT & POS, Bob Hertzberg, Support	\$169,535.42

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$177,954.71

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$679,352.34
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).).....	\$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 \$679,352.34

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 10/23/2022 through 12/31/2022	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO

I.D. NUMBER
1453855

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 | 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
The Strategy Group, LLC Chicago, IL 60661-2559	IND	LIT & POS, Bob Hertzberg, Support	\$142,646.56
The Strategy Group, LLC Chicago, IL 60661-2559	IND	LIT & POS, Bob Hertzberg, Support	\$24,213.12
The Strategy Group, LLC Chicago, IL 60661-2559	IND	LIT & POS, Bob Hertzberg, Support	\$141,891.25

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

SUBTOTAL \$308,750.93

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$679,352.34
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).).....	\$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 \$679,352.34

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO	I.D. NUMBER 1453855
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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 | 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
The Strategy Group, LLC Chicago, IL 60661-2559	IND	LIT & POS, Bob Hertzberg, Support	\$144,184.00
The Strategy Group, LLC Chicago, IL 60661-2559	IND	LIT & POS, Bob Hertzberg, Support	\$48,462.70

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

SUBTOTAL \$192,646.70

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$679,352.34
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).).....	\$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 \$679,352.34

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO	I.D. NUMBER 1453855
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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 | 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
The Strategy Group, LLC Chicago, IL 60661-2559	IND, LIT & POS, Bob Hertzberg, Support	\$169,535.42	\$0.00	\$169,535.42	\$0.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$169,535.42	\$0.00	\$169,535.42	\$0.00
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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 payments on accrued expenses under \$100.)	INCURRED TOTALS	\$0.00
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	\$169,535.42
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	(\$169,535.42) <small>(May be a negative number)</small>

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
through	12/31/2022	Page 12 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER First Responders in Support of Bob Hertzberg for Supervisor 2022, Sponsored by the Los Angeles County Federation of Labor, AFL-CIO	I.D. NUMBER 1453855
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 |
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| IND independent expenditure | 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
Cornerstone Printing Novato, CA 94949-6085	IND	LIT		\$9,055.04
Cornerstone Printing Novato, CA 94949-6085	IND	LIT		\$49,842.82
Cornerstone Printing Novato, CA 94949-6085	IND	LIT		\$41,654.28
Cornerstone Printing Novato, CA 94949-6085	IND	LIT		\$9,055.04

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460
from <u>10/23/2022</u> through <u>12/31/2022</u>	
Page <u>13</u> of <u>18</u>	

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NAME OF FILER
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I.D. NUMBER
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Cornerstone Printing Novato, CA 94949-6085	IND	LIT		\$41,654.48
Cornerstone Printing Novato, CA 94949-6085	IND	LIT		\$9,055.04
Cornerstone Printing Novato, CA 94949-6085	IND	LIT		\$9,055.04
HP Photography Lake Isabella, CA 93240	IND	LIT		\$1,800.00

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

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
through	12/31/2022	Page 14 of 18

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HP Photography Lake Isabella, CA 93240	IND	LIT		\$1,200.00
HP Photography Lake Isabella, CA 93240	IND	LIT		\$1,800.00
HP Photography Lake Isabella, CA 93240	IND	LIT		\$1,200.00
HP Photography Lake Isabella, CA 93240	IND	LIT		\$1,800.00

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Page <u>15</u> of <u>18</u>	

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HP Photography Lake Isabella, CA 93240	IND	LIT		\$1,200.00
HP Photography Lake Isabella, CA 93240	IND	LIT		\$1,200.00
Sofia Torres Alhambra, CA 91801-5002	IND	LIT		\$75.00
Sofia Torres Alhambra, CA 91801-5002	IND	LIT		\$47.10

Schedule G
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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
through	12/31/2022	Page 16 of 18

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sofia Torres Alhambra, CA 91801-5002	IND	LIT		\$65.70
Sofia Torres Alhambra, CA 91801-5002	IND	LIT		\$72.60
United States Postal Service Washington, DC 20260-0004	IND	POS		\$63,844.25
United States Postal Service Washington, DC 20260-0004	IND	POS		\$9,934.44

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from	10/23/2022	
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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 Washington, DC 20260-0004	IND		POS	\$54,262.98
United States Postal Service Washington, DC 20260-0004	IND		POS	\$9,934.44
United States Postal Service Washington, DC 20260-0004	IND		POS	\$56,537.13
United States Postal Service Washington, DC 20260-0004	IND		POS	\$9,934.44

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United States Postal Service Washington, DC 20260-0004	IND		POS	\$9,964.90

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$394,244.72

* 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