RECEIVED BY **Recipient Committee COVER PAGE Campaign Statement** CALIFORNIA 460 Cover Page 2001/02 **FORM** Date of election if applicable: Statement covers period (Month, Day, Year) Page 1 For Official Use Only SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees- Complete Parts 1, 2, 3, and 4. ✓ Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Sponsored Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1399573 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Janice Hahn Ballot Measure Committee MAILING ADDRESS ZIP CODE AREA CODE/PHONE CITY STATE STREET ADDRESS (NO P.O. BOX) 90017 Los Angeles CA (213) 452-6565 NAME OF ASSISTANT TREASURER, IF ANY ZIP CODE AREA CODE/PHONE CITY STATE CA 90017 (213) 452-6565 Los Angeles **MAILING ADDRESS** MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS **OPTIONAL: FAX/E-MAIL ADDRESS** (213) 452-6575 / sshin@kaufmanlegalgroup.com 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 4. Verification under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on By SIGNATURE OF TREASURER OR ASSISTANT TREASURER DATE **Executed** on SIGNATURE OF CONTROLLING OFFICENCIDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT FPPC Form 480 (Jan/2018) DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANEIDATE, OR STATE MEASURE PROPONENT

Executed on

Executed on

DATE

DATE

FPPC Advice:

advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page-Part 2

COVER PAGE-PART 2

| CALIF FO | ORN RM | IA Z | 160 |
|-------------|-----------|------|-----|
| Page | 2 | of | 15 |

| . Officeholder or Candidate Controlled Committee | 6.Primarily Formed B | allot Measure Committee | | | |
|---|--|---|---------------------|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF BALLOT MEASURE | | | | |
| OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR LETTER | JURISDICTION | SUPPORT | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP | Identify the controlling office | eholder, candidate, or state measur | e proponent, if an | | |
| | NAME OF OFFICEHLOLDER, CAN | DIDATE, OR PROPONENT | | | |
| 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. | OFFICE SOUGHT OR HELD | DISTRICT NO. | IF ANY | | |
| COMMITTEE NAME Janice Hahn for Supervisor 2016 I.D. NUMBER 1394146 | Primarily Formed Car officeholder(s) or candidate(s) for which | ndidate/Officeholder Comn ch this committee is primarily formed. | nittee List names o | | |
| Janice Kay Hahn CONTROLLED COMMITTEE? Janice Kay Hahn VYES NO | NAME OF OFFICEHOLDER OR CAN | IDIDATE OFFICE SOUGHT OR HELE | LISUPPORI | | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) 777 S Figueroa St., Ste 4050 | | IDIDATE OFFICE SOLICIT OF USE | OPPOSE | | |
| CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles CA 90017- 2134526565 5864 | NAME OF OFFICEHOLDER OR CAN | IDIDATE OFFICE SOUGHT OR HELD | SUPPORT | | |
| COMMITTEE NAME Janice Hahn for Supervisor 2020 NAME OF TREASURER LD. NUMBER 1414469 CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OR CAN | OFFICE SOUGHT OR HELD | SUPPORT | | |
| Janice Kay Hahn ✓ YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | NAME OF OFFICEHOLDER OR CAN | IDIDATE OFFICE SOUGHT OR HELD | SUPPORT | | |
| 777 S Figueroa St., Ste 4050 CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles CA 90017- 2134526565 5864 | Attach | continuation sheets if necessary | | | |

FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page-Part 2

| | | | -PART 2 |
|-------------|-----------|------|---------|
| CALIF FO | ORN RM | IA Z | 160 |
| Page | 3 | of | 15 |

| | trolled Committee | 6. Primarily Formed Bal | lot Measure Committee | |
|--|---|--|--|---|
| NAME OF OFFICEHOLDER OR CANDIDATE Janice Hahn | | NAME OF BALLOT MEASURE | | |
| OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND Held: County Supervisor | DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR LETTER | | SUPPORT |
| County | County of Los Angeles 4 | | L. L. | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET | • | Identify the controlling officeh | older, candidate, or state measure p | proponent, if an |
| | Los Angeles CA 90017 | NAME OF OFFICEHLOLDER, CANDID | PATE, OR PROPONENT | |
| not included in this statement that are controlled by your contributions or make expenditures on behalf of your COMMITTEE NAME | | 7. Primarily Formed Cand | idate/Officeholder Commit | tee List names o |
| | | | | Liot Hailing |
| NAME OF TREASURED | CONTROLLED COMMITTEE? | officeholder(s) or candidate(s) for which the | | |
| | CONTROLLED COMMITTEE? YES NO | | his committee is primarily formed. | SUPPORT |
| | YES NO | officeholder(s) or candidate(s) for which the NAME OF OFFICEHOLDER OR CANDID | his committee is primarily formed. DATE OFFICE SOUGHT OR HELD | T |
| COMMITTEE ADDRESS STREET ADDRESS (| YES NO | officeholder(s) or candidate(s) for which the | his committee is primarily formed. DATE OFFICE SOUGHT OR HELD | SUPPORT |
| CITY STATE COMMITTEE NAME | YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER | officeholder(s) or candidate(s) for which the NAME OF OFFICEHOLDER OR CANDID | DATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD | SUPPORT OPPOSE OPPOSE SUPPORT |
| COMMITTEE ADDRESS STREET ADDRESS (| ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OR CANDIE | DATE OFFICE SOUGHT OR HELD OATE OFFICE SOUGHT OR HELD OATE OFFICE SOUGHT OR HELD OATE OFFICE SOUGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS (CITY STATE COMMITTEE NAME | YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO | NAME OF OFFICEHOLDER OR CANDIE NAME OF OFFICEHOLDER OR CANDIE NAME OF OFFICEHOLDER OR CANDIE NAME OF OFFICEHOLDER OR CANDIE | DATE OFFICE SOUGHT OR HELD OATE OFFICE SOUGHT OR HELD OATE OFFICE SOUGHT OR HELD OATE OFFICE SOUGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT |

Recipient Committee Campaign Statement Cover Page-Part 2

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| CALIF FO | ORN RM | IA Z | 160 |
| Page | 4 | of | 15 |

| Officeholder or Candidate Co | ontrolled (| Committee | | 6.Primarily Formed B | Sallot Measure | Committee | |
|---|-----------------------------------|------------------------|-------------------|---|-----------------------|------------------|-------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | - | NAME OF BALLOT MEASURE | | | |
| FICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | E) | BALLOT NO. OR LETTER | JURISDICTION | | SUPPORT |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR | REET) CITY | STA | TE ZIP | Identify the controlling offic | ceholder, candidate, | or state measure | proponent, if an |
| | | | | NAME OF OFFICEHLOLDER, CAN | IDIDATE, OR PROPONEN | IT | |
| Related Committees Not Included in the not included in this statement that are controlled a contributions or make expenditures on behalf of y | y you or are prima | | | OFFICE SOUGHT OR HELD | | DISTRICT NO. IF | ANY |
| COMMITTEE NAME Janice Hahn for Supervisor 2 | 2016 | I.D. NUMBER 1392563 | | 7. Primarily Formed Cal officeholder(s) or candidate(s) for whi | | | tee List names of |
| AAMBOOFTEREASSURERES Fund Janice Kay Hahn COMMITTEE ADDRESS STREET ADDRE | SS (NO P.O. BOX) | CONTROLLED COM | MITTEE? | NAME OF OFFICEHOLDER OR CAN | NDIDATE OFFICE | SOUGHT OR HELD | SUPPORT |
| CITY STATE Los Angeles CA | ZIP CODI 90017- 5864 | | PHONE 152-6565 | NAME OF OFFICEHOLDER OR CAN | NDIDATE OFFICE | SOUGHT OR HELD | SUPPORT |
| COMMITTEE NAME | | I.D. NUMBER | | NAME OF OFFICEHOLDER OR CAN | NDIDATE OFFICE | SOUGHT OR HELD | SUPPORT |
| NAME OF TREASURER | | CONTROLLED COM | MITTEE? | NAME OF OFFICEHOLDER OR CAN | NDIDATE OFFICE | SOUGHT OR HELD | SUPPORT |
| COMMITTEE ADDRESS STREET ADDRE | SS (NO P.O. BOX) | | | | | | OPPOSE |
| CITY STATE | ZIP CODI | AREA CODE/F | PHONE | Attach | continuation sheets | if necessary | |

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMIARY PAGE

Statement covers period **CALIFORNIA** FORM 7/1/2020 Page 5 of 15 through 10/17/2020 I.D. NUMBER

1399573

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

Calendar Year Summary for Candidates

Column A Column B Contributions Received Running in Both the State Primary and CALENDAR YEAR **Total This Period General Elections** (FROM ATTACHED SCHEDULES) TOTAL TO DATE \$327,400.00 1. Monetary Contributions...... Schedule A, Line 3 \$0.00 1/1 through 6/30 7/1 to Date \$0.00 \$0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS..... \$0.00 \$327,400.00 Received Add Lines 1+ 2 \$0.00 4. Nonmonetary Contributions...... Schedule C, Line 3 \$0.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED..... Made Add Lines 3 + 4 \$0.00 \$327,400.00 **Expenditure Limit Summary for State** Expenditures Made Candidates 6. Payments Made..... Schedule E. Line 4 \$70,063.00 \$436.157.26 22. Cumulative Expenditures Made * 7. Loans Made..... Schedule H. Line 3 \$0.00 \$0.00 (If Subject to Voluntary Expenditure Limit) \$436,157.26 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 \$70,063.00 \$1,382.16 **Date of Election** Total to Date 9. Accrued Expenses (Unpaid Bills)...... Schedule F, Line 3 \$1,382.16 (mm/dd/yyyy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 \$0.00 \$0.00 11. TOTAL EXPENDITURES MADE...... Add Lines 8 +9 + 10 \$71,445.16 \$437,539.42 Current Cash Statement To calculate Column B. add 12. Beginning Cash Balance...... Previous Summary Page, Line 16 \$82,249.66 amounts in Column A to the 13. Cash Receipts...... Column A, Line 3 above \$0.00 corresponding amounts from Column B of your last report. 14. Miscellaneous Increases to Cash...... Schedule I, Line 4 \$0.00 Some amounts in Column A may be negative figures that 15. Cash Payments...... Column A, Line 8 above \$70,063.00 *Amounts in this section may be different from amounts should be subtracted from previous period amounts. If 16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15 \$12,186.66 reported in schedule B. this is the first report being filed for this calendar year, If this is a termination statement, Line 16 must be zero. only carry over the amounts from Lines 2, 7, and 9 (If any). 17. LOAN GUARANTEES RECEIVED..... Schedule B. Part 2 \$0.00 Cash Equivalents and Outstanding Debts 18. Cash Equivalents..... See instructions on reverse \$0.00 FPPC Form 460 (Jan/2016) 19. Outstanding Debts...... Add Line 2+Line 9 in Column B above \$1,382.16

FPPC Advice: advice@fppc.ca.gov (866/275-37:2) www.fppc.ca. . Amounts may be rounded to whole dollars.

SCHEDULE D

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

 Statement covers period

 from
 7/1/2020

 through
 10/17/2020

CALIFORNIA
FORM

Page 6 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER 1399573

| 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) |
|------------|--|--|------------------------------|-----------------------------|---|--|
| 10/12/2020 | City of Lomita Local General Municipal Sales Tax Measure City of Lomita NO: L Support Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | LIT | \$6,213.88 | \$12,427.76 | |
| 10/12/2020 | City of Lomita Local General Municipal Sales Tax Measure City of Lomita NO: L Support Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | LIT | \$6,213.88 | \$12,427.76 | |
| 10/15/2020 | Whittier Union High School District Bond Measure City of Whittier NO: AA Support Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | LIT | \$10,696.56 | \$50,037.70 | |

| SUBTOTAL \$23,124.32 | |
|--|-------------|
| Schedule D Summary | |
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) | \$67,465.46 |
| 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.) | \$67,465.46 |

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

Statement covers period **CALIFORNIA FORM** 7/1/2020 through 10/17/2020 Page

I.D. NUMBER 1399573

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

| DATE | NAME OF CANDIDATE, OFFICE, AND DIGTRICT, 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 DAITE (IF REGIUIRED) |
|------------|--|--|------------------------------|-----------------------------|---|--|
| 10/15/2020 | Whittier Union High School District Bond Measure City of Whittier NO: AA V7 Support Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | LIT | \$10,696.56 | \$50,037.70 | |
| 10/15/2020 | Whittier Union High School District Bond Measure City of Whittier NO: AA Support Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | POS | \$14,322.29 | \$50,037.70 | |
| 10/15/2020 | Whittier Union High School District Bond Measure City of Whi.ttier NO: AA Support Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | POS | \$14,322.29 | \$50,037.70 | |

| SUBTOTAL | \$39,341.14 | |
|---|--------------|-------------|
| Schedule D Summary | | |
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) | | \$67,465.46 |
| 2. Unitemized contributions and incdependent 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 I | Page.) TOTAL | \$67,465.46 |

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 |
|-------------------------|--------------------|----|-----|-----|
| through 10/17/2020 | Page | 8 | of_ | 15 |
| | I.D. NUMB | ER | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

1399573

| 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) |
|------------|--|--|------------------------------|-----------------------------|---|--|
| 10/06/2020 | Long Beach Community Services General Purpose Oil Production Tax Increase Measure (Barrel Tax) City of Long Beach NO: US | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | \$5,000.00 | \$5,000.00 | |

| | SUBTOTAL | \$5,000.00 | |
|--|----------|------------|-------------|
| Schedule D Summary | | | |
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subto | tals.) | | \$67,465.46 |
| 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 | | | \$67,465.46 |

. Amounts may be rounded

SCHEDULE E

Schedule E to whole dollars. Statement covers period **Payments Made** 7/1/2020 through 10/17/2020 SEE INSTRUCTIONS ON REVERSE

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

CALIFORNIA 460 **FORM** Page of 9 15

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER 1399573

| 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 LEG legal defense LIT campaign literature and mailings | MBR member com MTG meetings and OFC office expens PET petition circula PHO phone banks POL polling and su POS postage, deliv PRO professional and | d appearances ses ating urvey research very and messer | - | RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a TSF transfer between committees VOT voter registration WEB information technology costs | ction costs I meals nd meals of the same candidate/sponsor |
|--|---|--|---------------|--|---|
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
| First Bank Merchant Svc Discount Atlanta, GA 30342-1651 | | OFC | | | \$39.80 |
| First Bank Merchant Svc Fee Atlanta, GA 30342-1651 | | OFC | | | \$179.80 |
| Jacobson & Zilber Strategies LLC Los Angeles, CA 90027-3480 | | IND | LIT, Vote Yes | on Measure L, Support | \$6,213.88 |
| * Payments that are contributions or independent expendi | tures must also be summariz | zed on Schedu | le D. | SUBTO | OTAL \$6,433.48 |
| Schedule E Summary 1. Itemized payments made this period. (Include all Sche 2. Unitemized payments made this period of under \$100. 3. Total interest paid this period on loans. (Enter amount | | | •••••• | | \$0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and | | | | | 1917 |

. Amounts may be rounded

SCHEDULE E

Schedule E to whole dollars. Statement covers period **CALIFORNIA Payments Made FORM** 7/1/2020 Page 10 of through 10/17/2020 15 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee 1399573

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 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 airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration WEB information technology costs (Internet, e-mail)

| CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|-------------------|-------------------------------------|---|
| IND | LIT, Vote Yes on Measure L, Support | \$6,213.88 |
| | | |
| TND | ITT Ves on Measure AA Support | \$10,696.56 |
| TND | III, les on measure AA, Support | \$10,090.30 |
| | | |
| IND | LIT, Yes on Measure AA, Support | \$10,696.56 |
| narized on Schedu | ale D. SUBTOTAL | \$27,607.00 |
| | | * |
| | | \$70,063.00 |
| | | \$0.00 |
| , Column (e).) | | \$0.00 |
| e Summary Page | , Column A, Line 6.) | \$70,063.00 |
| | IND IND IND narized on Schedu | IND LIT, Vote Yes on Measure L, Support IND LIT, Yes on Measure AA, Support IND LIT, Yes on Measure AA, Support |

. Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period **CALIFORNIA Payments Made FORM** 7/1/2020 Page 11 of through 10/17/2020 15 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee 1399573 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 TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services 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 CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Jacobson & Zilber Strategies LLC \$14,322.29 TND POS, Yes on Measure AA, Support Los Angeles, CA 90027-3480 Jacobson & Zilber Strategies LLC IND POS, Yes on Measure AA, Support \$14,322.29 Los Angeles, CA 90027-3480 Kaufman Legal Group, APC PRO \$2,372.00 Los Angeles, CA 90017-5864 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$31,016.58

Schedule E Summary

Schedule E

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$70,063.00 \$0.00 2. Unitemized payments made this period of under \$100. 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$0.00 \$70,063.00

Schedule E **Payments Made**

. Amounts may be rounded to whole dollars.

SCHEDULE E

| State | ment covers period | CALIFORNIA | | 460 | |
|---------|--------------------|------------|----|-----|-----|
| from | 7/1/2020 | FO | RM | | 700 |
| through | 10/17/2020 | Page | 12 | _of | 15 |
| | | I.D. NUMB | ER | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

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

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

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 airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

| The same and the s | | The monado and monado | |
|--|---------|---|-------------|
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864 | OFC | | \$5.94 |
| Lift Up Long Beach Families Los Angeles, CA 90017-5864 ID: 1417295 | СТВ | | \$5,000.00 |

| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTA | AL \$5,005. | .94 |
|--|-------------|-----|
| Schedule E Summary | | |
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$70,063. | .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).) | \$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.) | \$70,063. | .00 |

. Amounts may be rounded to whole dollars.

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)

CALIFORNIA FORM
Page 13 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

1399573

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

CMP campaign paraphemalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

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) RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

| | | | | WEB information technology costs (Internet, e-mail) | | | |
|--|--|---|--|--|--|--|--|
| 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 | | | |
| PRO | \$0.00 | \$409.50 | \$0.00 | \$409.50 | | | |
| OFC | \$0.00 | \$12.66 | \$0.00 | \$12.66 | | | |
| OFC | \$0.00 | \$960.00 | \$0.00 | \$960.00 | | | |
| SUBTOTALS | \$0.00 | \$1,382.16 | \$0.00 | \$1,382.16 | | | |
| Il Schedule F, Column (b) subtotals f payments on accrued expenses und | or er \$100.) | | CURRED TOTALS | \$1,382.16 | | | |
| | | | PAID TOTALS | \$0.00 | | | |
| nter the difference here | | | NET | \$1,382.16 | | | |
| | | | • | ay be a negative number) | | | |
| | PRT print ads CODE OR DESCRIPTION OF PAYMENT PRO OFC SUBTOTALS Il Schedule F, Column (b) subtotals for payments on accrued expenses under the difference here | PRT print ads CODE OR DESCRIPTION OF PAYMENT OUTSTANDING BALANCE BEGINNING OF THIS PERIOD PRO OFC \$0.00 OFC \$0.00 SUBTOTALS \$0.00 Il Schedule F, Column (b) subtotals for payments on accrued expenses under \$100.) Chedule F, Column (c) subtotals for payments on payments on accrued expenses under \$100.) Chedule F, Column (c) subtotals for payments on payments on accrued expenses under \$100.) | PRT print ads CODE OR DESCRIPTION OF PAYMENT OUTSTANDING BALANCE BEGINNING OF THIS PERIOD PRO \$0.00 \$409.50 OFC \$0.00 \$12.66 OFC SUBTOTALS \$0.00 \$1,382.16 INCESTANDING SALANCE BEGINNING OF THIS PERIOD INCESTANDING OF THIS PERIOD AMOUNT INCURRED THIS PERIOD AMOUNT INCURRED THIS PERIOD INCURR | PRT print ads (a) (a) (b) (c) AMOUNT INCURRED PRIND P | | | |

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

| 7/1/2020 | through | 10/17/2020

CALIFORNIA FORM Page 14 of 15

I.D. NUMBER 1399573

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Jacobson & Zilber Strategies 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.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

IND independent expenditure

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 airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

*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 | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|------------------------|-----------------|
| Bulletproof Capitola, CA 95010-2513 | LIT | | \$170.00 |
| Bullseye Marketing Northridge, CA 91324-3512 | POS | | \$28,644. 58 |
| Political Data Inc. Norwalk, CA 90650-8352 | | Voter Data | \$1,207.49 |
| The Harman Press North Hollywood, CA 91605-6409 | LIT | | \$14,708. 00 |

. Amounts may be rounded

SCHEDULE G Schedule G to whole dollars. Statement covers period **CALIFORNIA** Payments Made by an Agent or Independent **FORM** Contractor (on Behalf of This Committee) 7/1/2020 Page 15 of 15 through 10/17/2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee 1399573 NAME OF AGENT OR INDEPENDENT CONTRACTOR Jacobson & Zilber Strategies LLC CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment,

| CODES. If one of the following codes | accurately describes the payment, you may enter the code. O | therwise, 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 nonmonestary)* | 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) |

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

| NAME AND ADDRESS OF PAYEE OF CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Ken Van Hoy | LIT | | \$2,000.00 |
| Boulder, CO 80301-3926 | | | 1,0,0 |
| Attach additional information on appropriately labeled continuation she | ets. | TOTAL* | \$46,730.07 |

^{*} 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.

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