

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

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**CALIFORNIA 460**  
2001/02  
**FORM**

Page 1 of 17  
For Official Use Only

Statement covers period  
from 1/1/2022  
through 3/31/2022

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees- Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
  - Primarily Formed Candidate/ Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Crime Survivors, Law Enforcement And Community Leaders Against The  
Republican Led Recall Of George Gascon

STREET ADDRESS (NO P.O. BOX)

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

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Jamarah Hayner

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 _____	DATE	By _____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT
Executed on _____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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 George Gascon for District Attorney	I.D. NUMBER
<del>NAME OF TREASURER</del> 's Fees Fund Jamarah Hayner	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
Los Angeles	CA 90017-5864

COMMITTEE NAME District Attorney George Gascon	I.D. NUMBER 1436344
<del>NAME OF TREASURER</del> Account Jamarah Hayner	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
Los Angeles	CA 90017-5864

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

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 George Gascon for LA District	I.D. NUMBER 1422183
---	------------------------

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

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY Los Angeles	STATE CA	ZIP CODE 90017-	AREA CODE/PHONE 5864

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

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	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

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

Attach continuation sheets if necessary

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 District Attorney George Gascon	I.D. NUMBER 1437443
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NAME OF TREASURER Jamarah Hayner	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY Los Angeles	STATE CA	ZIP CODE 90017-	AREA CODE/PHONE 5864

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	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

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

Attach continuation sheets if necessary

Recipient Committee  
 Campaign Statement  
 Cover Page-Part 2

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

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

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

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

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

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

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

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

Recall of George Gascon

BALLOT NO. OR LETTER	JURISDICTION County of Los Angeles	<input type="checkbox"/> SUPPORT <input checked="" 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
-----------------------	---------------------

**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	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	<b>CALIFORNIA FORM 460</b>
from 1/1/2022	
through 3/31/2022	
Page 6 of 17	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$81,057.00	\$81,057.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$81,057.00	\$81,057.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$81,057.00	\$81,057.00

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	\$114,042.18	\$114,042.18
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$114,042.18	\$114,042.18
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-\$6,659.34	\$1,847.50
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$107,382.84	\$115,889.68

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	\$82,445.25
13. Cash Receipts..... Column A, Line 3 above	\$81,057.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$114,042.18
16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15	\$49,460.07
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$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.

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	\$1,847.50

Schedule A  
Monetary Contributions Received

. Amounts may be rounded  
to whole dollars.

Statement covers period from <u>1/1/2022</u> through <u>3/31/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>17</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon	I.D. NUMBER
--	-------------

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)
03/03/2022	Aryeh Cohen Los Angeles, CA 90035-4412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor American Jewish University	\$100.00	\$100.00	
	*** TYPE: Intermediary *** ActBlue West Somerville, MA 02144-0031	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
01/05/2022	Annabelle Crowley Los Angeles, CA 90027-2426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staffer Larsen AVR Group	\$100.00	\$100.00	
	*** TYPE: Intermediary *** ActBlue West Somerville, MA 02144-0031	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

<b>SUBTOTAL</b>	<b>\$200.00</b>
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$80,600.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$457.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$81,057.00</b>

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

Schedule A  
Monetary Contributions Received

. Amounts may be rounded  
to whole dollars.

Statement covers period from <u>1/1/2022</u> through <u>3/31/2022</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon

I.D. NUMBER

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)
02/18/2022	GFC Courage Committee - San Fernando Valley Chapter  San Rafael, CA 94901-5596 ID: 1420465	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
01/27/2022	David Mills  San Francisco, CA 94109-1233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Mills Family Enterprises	\$25,000.00	\$25,000.00	
02/22/2022	Bob Poe  Beverly Hills, CA 90210-1806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not-Employed N/A	\$10,000.00	\$10,000.00	
	*** TYPE: Intermediary *** ActBlue  West Somerville, MA 02144-0031	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$37,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$80,600.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$457.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$81,057.00

\*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 A  
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period from <u>1/1/2022</u> through <u>3/31/2022</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon	I.D. NUMBER
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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)
03/10/2022	PowerPAC Voter Fund  San Francisco, CA 94104-1265 ID: 1285796	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
03/31/2022	Monica Rosenthal  Los Angeles, CA 90004-3704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Actor Miss Peach Productions	\$25,000.00	\$25,000.00	
	*** TYPE: Intermediary *** ActBlue  West Somerville, MA 02144-0031	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
02/01/2022	Southwest Regional Council of Carpenters Political Action Fund Small Contributor Committee  Los Angeles, CA 90071-1712	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00	\$15,000.00	

<b>SUBTOTAL</b>	<b>\$42,500.00</b>
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$80,600.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$457.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$81,057.00</b>

\*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  
Monetary Contributions Received

. Amounts may be rounded  
to whole dollars.

Statement covers period from <u>1/1/2022</u> through <u>3/31/2022</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon	I.D. NUMBER
--	-------------

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)
01/03/2022	Bruce Western New York, NY 10027-5703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Columbia University	\$100.00	\$400.00	
01/30/2022	Bruce Western New York, NY 10027-5703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Columbia University	\$100.00	\$400.00	
	*** TYPE: Intermediary *** ActBlue PC West Somerville, MA 02144-0031	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
02/28/2022	Bruce Western New York, NY 10027-5703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Columbia University	\$100.00	\$400.00	

<b>SUBTOTAL</b>	<b>\$300.00</b>
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$80,600.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$457.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$81,057.00</b>

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

Schedule A  
Monetary Contributions Received

. Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2022</u> through <u>3/31/2022</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon	I.D. NUMBER
--	-------------

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)
	*** TYPE: Intermediary *** ActBlue  West Somerville, MA 02144-0031	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
03/30/2022	Bruce Western  New York, NY 10027-5703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Columbia University	\$100.00	\$400.00	
	*** TYPE: Intermediary *** ActBlue  West Somerville, MA 02144-0031	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

<b>SUBTOTAL</b>	<b>\$100.00</b>
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$80,600.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$457.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$81,057.00</b>

\*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 E  
Payments Made

. Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>1/1/2022</u>	
through <u>3/31/2022</u>	
Page <u>12</u> of <u>17</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon	I.D. NUMBER
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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 mee ings 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
ActBlue West Somerville, MA 02144-0031	OFC		\$175.25
Alexandra Leard Consulting LLC West Hollywood, CA 90038-2365	CNS		\$15,000.00
Alexandra Leard Consulting LLC West Hollywood, CA 90038-2365	OFC		\$240.00

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

SUBTOTAL \$15,415.25

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$113,997.18
2. Unitemized payments made this period of under \$100.....	\$45.00
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	\$114,042.18

Schedule E  
Payments Made

. Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>1/1/2022</u>	
through <u>3/31/2022</u>	
Page <u>13</u> of <u>17</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon	I.D. NUMBER
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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 mee ings 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
JKH Consulting Long Beach, CA 90802-5391	CNS			\$8,000.00
JKH Consulting Long Beach, CA 90802-5391	OFC			\$5,094.60
Elise Argell Moore Sherman Oaks, CA 91411-4333	CNS			\$10,000.00

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

SUBTOTAL \$23,094.60

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$113,997.18
2. Unitemized payments made this period of under \$100.....	\$45.00
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	\$114,042.18

Schedule E  
Payments Made

. Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>1/1/2022</u> through <u>3/31/2022</u>	
Page <u>14</u> of <u>17</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon	I.D. NUMBER
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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 mee ings 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
Raise Your Flag Los Angeles, CA 90026-3007	CNS		\$70,000.00
Sutton Law Firm San Francisco, CA 94108-4716	PRO		\$5,229.94
Vantiv Symmes Twp, OH 45249-1384	OFC		\$257.39

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$75,487.33

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$113,997.18
2. Unitemized payments made this period of under \$100.....	\$45.00
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	\$114,042.18

Schedule F  
Accrued Expenses (Unpaid Bills)

. Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period	<b>CALIFORNIA FORM 460</b>
from 1/1/2022	
through 3/31/2022	
Page 15 of 17	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon	I.D. NUMBER
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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 mee ings 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, lodqing, and meals                      |
| FND fundraising events                  | POL polling and survey research               | TRS staff/spouse travel, lodqing, 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
JKH Consulting Long Beach, CA 90802-5391	CNS	\$2,000.00	\$0.00	\$2,000.00	\$0.00
JKH Consulting Long Beach, CA 90802-5391	OFC	\$1,276.90	\$0.00	\$1,276.90	\$0.00
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO	\$0.00	\$1,847.50	\$0.00	\$1,847.50

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	<b>SUBTOTALS</b>	\$3,276.90	\$1,847.50	\$3,276.90	\$1,847.50
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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	\$1,847.50
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	\$8,506.84
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	(\$6,659.34) (May be a negative number)

Schedule F  
Accrued Expenses (Unpaid Bills)

. Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>1/1/2022</u> through <u>3/31/2022</u>	
Page <u>16</u> of <u>17</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon	I.D. NUMBER
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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 mee ings 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, lodqing, and meals                      |
| FND fundraising events                  | POL polling and survey research               | TRS staff/spouse travel, lodqing, 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
Sutton Law Firm  San Francisco, CA 94108-4716	CNS	\$5,229.94	\$0.00	\$5,229.94	\$0.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	<b>SUBTOTALS</b>	\$5,229.94	\$0.00	\$5,229.94	\$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.) .....	<b>INCURRED TOTALS</b>	\$1,847.50
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.) .....	<b>PAID TOTALS</b>	\$8,506.84
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .....	<b>NET</b>	(\$6,659.34) (May be a negative number)



**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	<b>CALIFORNIA FORM 460</b>
from <u>1/1/2022</u>	
through <u>3/31/2022</u>	
Page <u>17</u> of <u>17</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Crime Survivors, Law Enforcement And Community Leaders Against The Republican Led Recall Of George Gascon	I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR JKH Consulting	

**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 mee ings 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)           |

\*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
Nationbuilder New York, NY 10002-4101	OFC		\$2,121.00
Zoom Video Communication, Inc San Jose, CA 95113-1608	OFC		\$1,696.70

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3,817.70

\* 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