RECEIVED BY LOS ANGELES COUNTY **Recipient Committee COVER PAGE** Campaign Statement CALIFORNIA Cover Page 2001/02 2020 FEB 20 PM FORM Statement covers period Date of election if applicable: PROPOSITION BURGE 1 (Month, Day, Year) from 1/19/2020 For Official Use Only 3/3/2020 SEE INSTRUCTIONS ON REVERSE through 2/15/2020 1. Type of Recipient Committee: All Committees Complete Parts 1, 2, 3, and 4, 2. Type of Statement: Quarterly Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement (Also Complete Part 5) (Also file a Form 410 Termination) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1372330 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Mark Ridley-Thomas Committee for a Better L.A. Mark Ridley-Thomas MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) Los Angeles CA 90017 (213) 452-6565 NAME OF ASSISTANT TREASURER, IF ANY CITY STATE 2IP CODE AREA CODE/PHONE Los Angeles 90017 (213) 452-6565 MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY ZIP CODE AREA CODE/PHONE STATE 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 differed 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 generally of persons under the laws of the State of California that the foregoing is true and correct. Executed on ASIGNATURE OF TREASURER OR ASSISTANT TREASURER 2/2092520 Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER X ANCIDATE. STATE MEASURE PROPONENT, OR RESPONSIBLE OF FICER OF PROPONENT FPPC Form 460 (Jan/2016) FPPC Advice: Executed on advice@(ppc,ca.gov SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT DATE (866/275-3772) Executed on

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

www.lppc.ca.gov

Recipient Committee Campaign Statement Cover Page-Part 2

(COVE	R PAGE	-PART	2
CALIF		IA 4	160	
FO	RM			
Page	2	of	9	

. Officeholder or C	Candidate Con	trolled Co	mmittee	6.Primarily Formed B	allot Mea	asure Committee	
NAME OF OFFICEHOLDER O	R CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD(IN	NCLUDE LOCATION AND	DISTRICT NUMBE	ER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICT		SUPPORT
RESIDENTIAL/BUSINESS ADD	DRESS (NO. AND STREE	T) CITY	STATE ZIP	Identify the controlling office	eholder, car	ndidate, or state measure	proponent, if any
				NAME OF OFFICEHLOLDER, CAN	DIDATE, OR PE	ROPONENT	
Related Committees N not included in this statemen contributions or make expend	t that are controlled by y	ou or are primarily		OFFICE SOUGHT OR HELD		DISTRICT NO. I	F ANY
COMMITTEE NAME Mark Ridley-Thom	nas for City Co	ouncil 1	. NUMBER 415234	 Primarily Formed Car officeholder(s) or candidate(s) for which 			ittee List names of
NAMEOFTREASURER Mark Ridley-Thom			NTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CAN	IDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS	STREET ADDRESS ((NO P.O. BOX)					OPPOSE
CITY Los Angeles	STATE CA	ZIP CODE 90017- 5864	AREA CODE/PHONE 2134526565	NAME OF OFFICEHOLDER OR CAN	IDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME Ridley-Thomas Of	ficeholder	1.	NUMBER 314252 DITROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CAN	IDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
Stephen Kaufman	STREET ADDRESS (YES NO	NAME OF OFFICEHOLDER OR CAN	IDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
CITY Los Angeles	STATE CA	ZIP CODE 90017- 5864	AREA CODE/PHONE 2134526565	Attach	continuation	n sheets if necessary	

FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page-Part 2

COVER PAGE-PART 2						
CALIF FO		IA 4	160			
Page	3	of	9			

. Officeholder or Candidate Controlled Committee	6.Primarily Formed Ballot Meas	sure Committee
NAME OF OFFICEHOLDER OR CANDIDATE Mark Ridley-Thomas	NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION	ON SUPPORT
Held: Board of Supervisors		
County 2		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Identify the controlling officeholder, can	didate, or state measure proponent, if any
Los Angeles CA 90017	NAME OF OFFICEHLOLDER, CANDIDATE, OR PRO	OPONENT
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 I.D. NUMBER	 Primarily Formed Candidate/Of officeholder(s) or candidate(s) for which this committee 	
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuation	sheets if necessary

CALIF FO	ORN RM	IA 4	60
Page	4	of	9

Officeholder or Candidate Controlled C	ommittee	6.Primarily Formed Bal	lot Measure Comm	nittee
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUM	BER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling officeh	nolder, candidate, or state r	measure proponent, if any
		NAME OF OFFICEHLOLDER, CANDID	DATE, OR PROPONENT	
Related Committees Not Included in this Statement: not included in this statement that are controlled by you or are prima contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD	DISTR	RICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	7. Primarily Formed Cand		Committee List names of
Mark Ridley-Thomas for Supervisor	1376007	officeholder(s) or candidate(s) for which t	this committee is primarily formed.	
NAMEOF TREASURER Stephen Kaufman	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIG	DATE OFFICE SOUGHT	OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				OPPOSE
CITY STATE ZIP CODE Los Angeles CA 90017	AREA CODE/PHONE (213) 452-6565	NAME OF OFFICEHOLDER OR CANDID	DATE OFFICE SOUGHT	OR HELD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDID	DATE OFFICE SOUGHT	OR HELD SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDID	DATE OFFICE SOUGHT	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	Attach co	entinuation sheets if necess	sary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460 Statement covers period **FORM** 1/19/2020 Page 5 2/15/2020 through

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Mark Ridley-Thomas Committee for a Better L.A.

I.D. NUMBER 1372330

Contributions Received	Column A Total This Period (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$0.00	\$0.00	Received
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0.00	\$0.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$60,391.45	\$83,553.45	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made *
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$60,391.45	\$83,553.45	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd/yyyy)
11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	\$60,391.45	\$83,553.45	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$1,325,392.92	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	\$0.00	amounts in Column A to the corresponding amounts from	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	Column B of your last report. Some amounts in Column A	
15. Cash Payments Column A, Line 8 above	\$60,391.45	may be negative figures that should be subtracted from	*Amounts in this section may be different from amounts
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$1,265,001.47	previous period amounts. If	reported in schedule B.
If this is a termination statement, Line 16 must be zero.		this is the first report being filed for this calendar year, only carry over the amounts	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	from Lines 2, 7, and 9 (if any).	
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		FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377/ www.fppc.ca.go

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees . Amounts may be rounded to whole dollars.

SCHEDULE D

Stater	ment covers period	CALIF		IA	460
from	1/19/2020		RM		
through	2/15/2020	Page _	6	of —	9
7		Page _	6	of —	-

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Ridley-Thomas Committee for a Better L.A.

I.D. NUMBER 1372330

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)
02/06/2020	Los Angeles County Fire District 911 Firefighter/Paramedic Emergency Response Measure Los Angeles County NO: FD Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		\$49,000.00	\$49,000.00	

SUBTOTAL	\$49,000.00
Schedule D Summary	
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$49,000.00
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 F	age.)

Schedule F

. Amounts may be rounded

SCHEDULE E

ooncadic L		ıı	whole dollars.	Statement covers period	CONTEC		ESSENTENCE PRODUCE
Payments Made				Statement covers period	CALIFO		460
				from 1/19/2020	FOR	STATE OF THE PERSON	
SEE INSTRUCTIONS ON REVERSE				through 2/15/2020	Page	7 of	9
NAME OF FILER					I.D. NUMBER		
Mark Ridley-Thomas Committee for a Bet	ter L.A.				1372330		
CODES: If one of the following codes accurate	tely describes the pay	ment, you ma	ay enter the code. Otherv	vise, describe the paymer	nt.		
CMP campaign paraphernalia/misc.	MBR member co	mmunications		RAD radio airtime and prod	uction costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings a			RFD returned contributions			
CVC civic donations	OFC office exper PET petition circ			SAL campaign workers' sal TEL t.v. or cable airtime an		e	
FIL candidate filing/ballot fees FND fundraising events	PHO phone bank			TRC candidate travel, lodgi	ng, and meals		
IND independent expenditure	POL polling and POS postage, de	survey research elivery and messen	ger services	TRS staff/spouse travel, loc TSF transfer between comm	lging, and meals	e candidat	te/spansor
LEG legal defense	PRO professiona	l services (legal, a		VOT voter registration			ersponsor
LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE	PRT print ads			WEB information technolog	y costs (Internet,	e-mail)	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR E	DESCRIPTION OF PAYMENT		AMC	DUNT PAID
American Express							
			Credit Card Payme	on t			0500 05
Diambabias DI 22212 AFTA			Credit Card Payme	ent			\$530.95
Plantation, FL 33313-4571							
Subvendor: Southwest Airlines			Memo: \$530.95 12,	/16/19 (Los Angeles,	CA to		
Ontario, CA 91761-2002		TRC		Airfare for Candidat			\$0.00
\$530.95			Homeless Advisors	Council of Regiona	1		70.00
			HOMETESS AGVISORS	s meetings.			
Carl Costas Productions							
Description of Description		OFC					\$777.10
Roseville, CA 95661-4036						**	
* Payments that are contributions or independent expendit	ures must also be summar	ized on Schedul	e D.		SUBTOTAL	\$1	1,308.05
Schedule E Summary							
1. Itemized payments made this period. (Include all Sched	dule E subtotals.)					\$60,	,391.45
2. Unitemized payments made this period of under \$100							\$0.00
3. Total interest paid this period on loans. (Enter amount f	from Schedule B, Part 1, C	Column (e).)					\$0.00
4. Total payments made this period. (Add Lines 1, 2, and	3. Enter here and on the S	Summary Page,	Column A, Line 6.)	T	OTAL	\$60,	391.45

Schedule E **Payments Made**

Statement covers period CALIFORNIA **FORM** 1/19/2020 Page 8 of 9 2/15/2020 through I.D. NUMBER 1372330

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Mark Ridley-Thomas Committee for a Better L.A.

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 compaign 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)

LIT campaign literature and mailings	t aus	VILL INITIATION (SCHOOL) COSTS (INCIDE)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
Lisa M. Cassinis Los Angeles, CA 90049-4754	CNS		\$5,000.00		
Firefighters and Neighbors for Safer Communities Yes on Measure FD, Sponsored by Los Angeles Cou Fire Fighters, IAFF Local 1014	es - unty CTB		\$49,000.00		

Los Angeles, CA 90017-5864

ID: 1424050

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOT.	AL \$54,000.00
Schedule E Summary	
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$60,391.45
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.)	\$60,391.45

. Amounts may be rounded to whole dollars.

Statement covers period

Schedule E

SCHEDULE E

CALIFORNIA **Payments Made** FORM 1/19/2020 Page 9 of 2/15/2020 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Mark Ridley-Thomas Committee for a Better L.A. 1372330 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND independent expenditure VOT voter registration PRO professional services (legal, accounting) LEG legal defense PRT print ads WEB information technology costs (Internet, e-mail) LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE CODE DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Kaufman Legal Group, APC \$1,868.00 PRO Los Angeles, CA 90017-5864 Kaufman Legal Group, APC \$15.40 OFC Los Angeles, CA 90017-5864 Christopher Towler \$3,200.00 CNS Sacramento, CA 95819-2605 SUBTOTAL * Payments that are contributions or independent expenditures must also be summarized on Schedule D. \$5,083.40 Schedule E Summary \$60,391.45 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$0.00 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).).....

\$60,391.45