

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

MAR 02 2024

RECEIVED BY

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Safer IA Committee Supporting Judge Debra Archuleta for Los Angeles County District Attorney 2024		
AREA CODE/PHONE NUMBER (562) 983-0815	I.D. NUMBER (if applicable) 1463858	
STREET ADDRESS		
CITY Long Beach	STATE CA	ZIP CODE 90802

Date of This Filing 03/02/2024

Report No. 03-02-DAIE

Amendment to Report No. _____
(explain below)

No. of Pages 3

LOS ANGELES COUNTY
Date Stamp
2024 MAR -4 AM 8:08
PROPOSITION B UNIT

CALIFORNIA FORM 496
For Official Use Only

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
Debra Archuleta							
OFFICE SOUGHT OR HELD District Attorney Los Angeles County	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
01/13/2024	Website Design Cumulative to date total \$14865.00	365.00
02/05/2024	Video Editing Cumulative to date total \$14865.00	500.00
02/19/2024	Consulting Services Cumulative to date total \$14865.00	3,000.00
02/20/2024	Enhanced Voter Database Cumulative to date total \$14865.00	5,000.00

Reason for Amendment: _____

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NAME OF FILER Safer LA Committee Supporting Judge Debra Archuleta for Los Angeles County District Attorney 2024			Date of This Filing 03/02/2024	RECEIVED BY LOS ANGELES COUNTY 2024 MAR -4 AM 8:08 PROPOSITION B UNIT	CALIFORNIA FORM 496 For Official Use Only
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STREET ADDRESS					
CITY Long Beach	STATE CA	ZIP CODE 90802			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages 3		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Debra Archuleta				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD District Attorney Los Angeles County	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
03/01/2024	Consulting Services Cumulative to date total \$14865.00	5,000.00
03/01/2024	Video Editing Cumulative to date total \$14865.00	1,000.00

Reason for Amendment: _____

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496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA
FORM 496

I.D. NUMBER *(If applicable)*

1463858

NAME OF FILER
Safer LA Committee Supporting Judge Debra Archuleta for Los Angeles County District Attorney 2024

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED	INTEREST RATES
01/18/2024	Anita Brenner Pasadena, CA 91101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Torres and Brenner	500.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****Contributor Codes**
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee