Recipient Committee Campaign Statement Cover Page

Cover Page		109	ANGELES	and the way of the telephone in the	2001/02	160
	Statement covers period	Date of election if applicable [1]	JAN 31 P	M 6: 49	FORM ge 1 of 14	4
•	from 7/1/2021	, , , , , , , , , , , , , , , , , , , ,	POSITION		For Official Use Onl	
SEE INSTRUCTIONS ON REVERSE	through 12/31/2021		e-ma: 1.		_	
1. Type of Recipient Committee: All Committees- Comp	plete Parts 1, 2, 3, and 4.	2. Type of Stateme	nt:			
State Candidate Election Committee Com Recall CAlso Complete Part 5) General Purpose Committee (Also Sponsored Prima Small Contributor Committee Office	arily Formed Ballot Measure mittee ontrolled ponsored Complete Part 6) arily Formed Candidate/ eholder Committee Complete Part 7)	Preelection Statement Semi-annual Statemen Termination Statemen (Also file a Form 410 Term Amendment (Explain t	nt t ination)	Quarterly Special C	Statement odd-Year Report	
3. Committee Information 1372	MBER	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mark Ridley-Thomas Committee for a Better L.A.		NAME OF TREASURER Mark Ridley-Thomas MAILING ADDRESS			-	
STREET ADDRESS (NO P.O. BOX)		CITY Los Angeles	STATE CA	ZIP CODE 90017	AREA CODE/PHON (213) 452-65	
CITY STATE ZIP CODE Los Angeles CA 90017	AREA CODE/PHONE (213) 452-6565	NAME OF ASSISTANT TREASURI	ER, IF ANY .			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS				
CITY STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	=
OPTIONAL: FAX/E-MAIL ADDRESS sshin@kaufmanlegalgroup.com		OPTIONAL: FAX/E-MAIL ADDRES	s			
4. Verification I have used all reasonable diligence in preparing and revunder penalty of perjury under the laws of the State of Ca			ned herein and in	the attached schedul	es is true and complete.	I certify
DATE Executed on	Ву	SIGNATURE OF TREASURER OR ASSISTANT	TREASURER			
DATE Executed on DATE	SIGNATURE OF CONTROLLING OFFI	CEHOLDER, CANDIDATE, STATE MEASURE PROF CONTROLLING OFFICEHOLDER, CANDIDATE, OR			FPI advice@f	PC Advice: fppc.ca.gov
Executed on	Ву	CONTROLLING OFFICEHOLDER CANDIDATE OF				6/275-3772) fppc.ca.gov

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. Officeholder or Ca	ındidate Cor	ntrolled C	Committee	6.Primarily Formed Ba	illot Me	easure Committee	
NAME OF OFFICEHOLDER OR C	CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD(INCI	LUDE LOCATION AND	DISTRICT NUM	MBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDIC	CTION	SUPPORT
							OPPOSE
RESIDENTIAL/BUSINESS ADDRI	ESS (NO. AND STREE	T) CITY	STATE ZIP	Identify the controlling office	holder, ca	andidate, or state measur	proponent, if an
				NAME OF OFFICEHLOLDER, CAND	IDATE, OR F	PROPONENT	
Related Committees Not not included in this statement th contributions or make expenditu	at are controlled by y	ou or are prima	-	OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME			I.D. NUMBER	7. Primarily Formed Can	didate/0	Officeholder Comm	ittee List names o
Mark Ridley-Thomas	s for City C	ouncil	1415234	officeholder(s) or candidate(s) for which	n this commit	tee is primarily formed.	
MAMEOFOREASURER lder Mark Ridley-Thomas	5		CONTROLLED COMMITTEE? ✓ YES NO	NAME OF OFFICEHOLDER OR CANE	DIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BOX)					OPPOSE
CITY	STATE	ZIP CODE		NAME OF OFFICEHOLDER OR CAND	DIDATE	OFFICE SOUGHT OR HELD	SUPPORT
Los Angeles	CA	90017-	2134526565				OPPOSE
COMMITTEE NAME			I.D. NUMBER	NAME OF OFFICEHOLDER OR CAND	DIDATE	OFFICE SOUGHT OR HELD	SUPPORT
Mark Ridley-Thomas	s for City C		1426182				OPPOSE
MAMEOFTREASURER Mark Ridley-Thomas	5		CONTROLLED COMMITTEE? ✓ YES NO	NAME OF OFFICEHOLDER OR CAND	DIDATE	OFFICE SOUGHT OR HELD	
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BOX)					OPPOSE
CITY	STATE	ZIP CODE		Attach c	ontinuatio	on sheets if necessary	1
Los Angeles	CA	90017- 5864	2134526565	Attuoli	- Tana		

CALIFORNIA FORM 460 Page 3 of 14

. Officeholder or Candidate C	ontrolled Co	mmittee		6.Primarily Formed E	allot Mea	asure Committe	е
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Mark Ridley-Thomas							
OFFICE SOUGHT OR HELD(INCLUDE LOCATION A		ER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDIC [*]	TION	SUPPORT
Held: City Council Member							
City			10				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY	STATE	ZIP	Identify the controlling offi	ceholder, cai	ndidate, or state measu	ure proponent, if any
	Los Ange	eles CA	90017	NAME OF OFFICEHLOLDER, CAN	NDIDATE, OR PR	ROPONENT	
Related Committees Not Included in to not included in this statement that are controlled contributions or make expenditures on behalf of y	by you or are primarily	-		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D). NUMBER		Primarily Formed Ca officeholder(s) or candidate(s) for wh			mittee List names of
NAME OF TREASURER	CC	ONTROLLED COMMI	ITTEE?	NAME OF OFFICEHOLDER OR CA	VIDIDATE	OFFICE SOUGHT OR HEI	D _
		YES	NO	NAME OF OFFICEROLDER OR CA	NDIDATE	OFFICE SOUGHT ON TIE	SUPPORT
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)		-				OPPOSE
				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HEI	
CITY STATE	E ZIP CODE	AREA CODE/PHO	ONE				SUPPORT
							OPPOSE
COMMITTEE NAME	I.D). NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HEI	-D SUPPORT
NAME OF TREASURED	000	ONTROLLED COMMI	TTEE2				OPPOSE
NAME OF TREASURER			NO	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HEI	D
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)						SUPPORT
CONNINIT LEE ADDRESS STREET ADDRE	=33 (NU P.U. BUX)						OPPOSE
CITY STATE	E ZIP CODE	AREA CODE/PHO	ONE	Attach	continuation	n sheets if necessary	

FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

CALIFORNIA 460 FORM

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. Officeholder or	Candidate Contr	olled Co	mmittee		6.Primarily Formed E	Ballot M	easure Committee	
NAME OF OFFICEHOLDER	OR CANDIDATE				NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD(OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				BALLOT NO. OR LETTER	JURISD	ICTION	SUPPORT
RESIDENTIAL/BUSINESS AD	DDRESS (NO. AND STREET)	CITY	STATE Z	ZIP	Identify the controlling off	iceholder, c	andidate, or state measure	proponent, if any
					NAME OF OFFICEHLOLDER, CA	NDIDATE, OR	PROPONENT	
not included in this stateme	Not Included in this So ent that are controlled by you nditures on behalf of your car	or are primaril	-		OFFICE SOUGHT OR HELD		DISTRICT NO.	F ANY
COMMITTEE NAME Mark Ridley-Tho	mas Legal Defens	I	0. NUMBER 442257		7. Primarily Formed Ca officeholder(s) or candidate(s) for what is a second control of the contr			ittee List names of
Mark Ridley-Thomaton Committee Address	mas STREET ADDRESS (NC		ONTROLLED COMMITTEE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
CITY Los Angeles	STATE CA	ZIP CODE 90017- 5864	AREA CODE/PHONE (213) 452-6	5565	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME		I.C). NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER			ONTROLLED COMMITTEE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS	STREET ADDRESS (NC	P.O. BOX)						OPPOSE
CITY	STATE	ZIP CODE	AREA CODE/PHONE		Attach	ı continuati	on sheets if necessary	,

FPPC Form 460 (Jan/2016)

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CALIFORNIA FORM Page 5 of 14

Officeholder or Candidate Controlled Committee		6.Primarily Formed Ba	allot Measure Commit	ttee	
NAME OF OFFICEHOLDER OR	CANDIDATE		NAME OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD(INC	OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
RESIDENTIAL/BUSINESS ADDR	RESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling office	eholder, candidate, or state mea	asure proponent, if any
			NAME OF OFFICEHLOLDER, CAND	DIDATE, OR PROPONENT	
not included in this statement	ot Included in this Stateme that are controlled by you or are pi tures on behalf of your candidacy.		OFFICE SOUGHT OR HELD	DISTRIC	T NO. IF ANY
COMMITTEE NAME		I.D. NUMBER	7. Primarily Formed Can		mmittee List names of
Ridley-Thomas Off	ficeholder	1314252	officeholder(s) or candidate(s) for which	h this committee is primarily formed.	
NAME OF TREASURER Stephen Kaufman		CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANE	DIDATE OFFICE SOUGHT OR	HELD SUPPORT
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BO		_		
COMMITTEE ADDITESS	STREET ADDRESS (NO F.O. BC	/^)	<u></u>		OPPOSE
CITY	STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CAND	DIDATE OFFICE SOUGHT OR	HELD SUPPORT
Los Angeles	CA 9001		i		OPPOSE
	586	4	_	I	
COMMITTEE NAME		I.D. NUMBER	NAME OF OFFICEHOLDER OR CANE	DIDATE OFFICE SOUGHT OR	HELD SUPPORT
NAME OF TREASURED		00017001150 00040477550	_		OPPOSE
NAME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANE	DIDATE OFFICE SOUGHT OR	HELD SUPPORT
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BO)X)	_		OPPOSE
CITY	STATE ZIP CO	DDE AREA CODE/PHONE	Attach o	continuation sheets if necessar	у

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CALIFORNIA 460 FORM

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. Officeholder or Candidate Controlled	6.Primarily Formed Bal	llot Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NU	MBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling office	holder candidate or	OPPOSE state measure proponent if a
		NAME OF OFFICEHLOLDER, CANDII		state measure proponent, in a
Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are prim contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
COMMITTEE NAME Mark Ridley-Thomas for Supervisor	I.D. NUMBER 1376007	7. Primarily Formed Cand officeholder(s) or candidate(s) for which		
MAMEOF TREASURER Stephen Kaufman COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDI		DUGHT OR HELD SUPPOI
CITY STATE ZIP COD Los Angeles CA 90017	E AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SC	DUGHT OR HELD SUPPO
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SO	DUGHT OR HELD SUPPOR
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SC	OUGHT OR HELD SUPPOI
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX				OPPOSI
CITY STATE ZIP COD	E AREA CODE/PHONE	Attach co	ontinuation sheets if	necessary

FPPC Form 460 (Jan/2016)

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Amounts may be rounded to whole dollars.

Campaign Disclosure Statement Summary Page

Statement covers period **CALIFORNIA FORM** 7/1/2021 Page of 14 through 12/31/2021 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

1372330 Column A Column B **Calendar Year Summary for Candidates** Contributions Received Running in Both the State Primary and CALENDAR YEAR Total This Period **General Elections** (FROM ATTACHED SCHEDULES) TOTAL TO DATE 1. Monetary Contributions...... Schedule A, Line 3 \$0.00 \$40,000.00 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 \$40,000.00 Received \$0.00 Schedule C, Line 3 \$0.00 4. Nonmonetary Contributions..... \$0.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 \$40,000.00 \$0.00 Made **Expenditure Limit Summary for State Expenditures Made Candidates** 6. Payments Made...... Schedule E, Line 4 \$129,147.81 \$240,152.32 22. Cumulative Expenditures Made * \$0.00 7. Loans Made...... Schedule H. Line 3 \$0.00 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$129,147.81 \$240,152.32 9. Accrued Expenses (Unpaid Bills)...... Schedule F, Line 3 \$1,086.42 \$1,086.42 Date of Election Total to Date (mm/dd/yyyy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 \$0.00 \$0.00 11. TOTAL EXPENDITURES MADE...... Add Lines 8 +9 + 10 \$130,234.23 \$241,238.74 **Current Cash Statement** 12. Beginning Cash Balance...... Previous Summary Page, Line 16 \$801,995.72 To calculate Column B, add 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. \$0.00 Some amounts in Column A may be negative figures that 15. Cash Payments...... Column A, Line 8 above \$129,147.81 *Amounts in this section may be different from amounts should be subtracted from 16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15 previous period amounts. If \$672,847.91 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 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$0.00 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 \$1,086.42 FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov Schedule E **Payments Made**

7/1/2021 through $12/\overline{31/2021}$

Statement covers period

CALIFORNIA **FORM** Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER 1372330

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 CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I D. NUMBER) American Express Credit Card Payment \$25,000.00 Ste 103A Plantation, FL 33313-4571 Subvendor: The Baker Group, Inc., CNS Memo: \$25000.00 \$0.00 Culver City, CA 90230-4933 \$25,000.00 BioScience LA CVC \$7,500.00 Culver City, CA 90230-3734 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$32,500.00 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$129,147.81 \$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).)..... \$129,147.81

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

Schedule E **Payments Made**

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

Statement covers period CALIFORNIA **FORM** 7/1/2021 Page through $12/\overline{31/2021}$

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

I.D. NUMBER 1372330

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 PRT print ads WEB information technology costs (Internet, e-mail) LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I D. NUMBER) Lisa M. Cassinis CNS \$10,000.00 Los Angeles, CA 90049-4754 Community Coalition CVC \$10,000.00 Los Angeles, CA 90044-3535 First Bank Merchant Svc Fee OFC \$119.95 Atlanta, GA 30342-1651 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$20,119.95 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$129,147.81 \$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).)..... \$129,147.81

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

Schedule E Payments Made

from $\frac{7/1/2021}{\text{through}} \frac{12/31/2021}{\text{pag}}$

Statement covers period

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Page	10	of	14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER 1372330

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		nd appearances uses ulating s	•	RFD returned con SAL campaign wo TEL t.v. or cable a TRC candidate tra TRS staff/spouse TSF transfer betw VOT voter registra	orkers' salaries airtime and production avel, lodging, and meal travel, lodging, and me reen committees of the	ls eals same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMEN	ΙΤ	AMOUNT PAID
Kaufman Legal Group, APC Los Angeles, CA 90017-5864		PRO				\$17,626.88
Kaufman Legal Group, APC Los Angeles, CA 90017-5864		OFC				\$290.98
NGP Van, Inc Washington, DC 20005-5006		OFC				\$4,410.00
* Payments that are contributions or independent expenditure	s must also be summar	ized on Schedul	e D.		SUBTOTA	L \$22,327.80
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from						\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. I	Enter here and on the S	Summary Page,	Column A, Line 6.)		TOTAL	\$129,147.81
						FPPC Form 460 (Jan/2016)

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

Schedule E Payments Made

from $\frac{7/1/2021}{\text{through}} \frac{12/31/2021}{\text{Pa}}$

Statement covers period

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER 1372330

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		nd appearances ses elating s	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and meal TRS staff/spouse travel, lodging, and meal TSF transfer between committees of the VOT voter registration WEB information technology costs (Inter	ls eals s same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Parents of Watts Los Angeles, CA 90059-1334		CVC		\$5,000.00
Southern Christian Leadership Conference Los Angeles, CA 90045-2017		CVC		\$10,000.00
Christopher Towler Sacramento, CA 95819-2605		CNS		\$19,200.00
* Payments that are contributions or independent expendit	ures must also be summar	ized on Schedule D.	SUBTOTA	L \$34,200.00
2. Unitemized payments made this period of under \$100.				\$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.)	\$129,147.81
				FPPC Form 460 (Jan/2016)

Schedule E **Payments Made**

7/1/2021 through 12/31/2021

Statement covers period

CALIFORNIA **FORM** Page 12 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER 1372330

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 mee ings 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

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

RAD radio airtime and production costs

TSF transfer between committees of the same candidate/sponsor VOT voter registration

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
Cornell West New York, NY 10025-2422	CVC			\$5,000.00
Cohen Williams Los Angeles, CA 90014-2936	PRO			\$15,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SU	BTOTAL	\$20,000.00
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)		\$129,147.81
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.)	ΓAL	\$129,147.81

........

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

7/1/2021 through 12/31/2021

Statement covers period

CALIFORNIA **FORM** Page 13 of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER 1372330

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

IND independent expenditure

FND fundraising events

LEG legal defense LIT campaign literature and mailings MBR member communications

MTG mee ings 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)

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
Kaufman Legal Group, APC	PDO	\$0.00	\$1,086.42	\$0.00	\$1,086.42
Los Angeles, CA 90017-5864	PRO	\$0.00	\$1,000.42	\$0.00	71,000.42

Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$1,086.42	\$0.00	\$1,086.42
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedu accrued expenses of \$100 or more, plus total unitemized payments	, , ,		INCURRE	D TOTALS	\$1,086.42
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.)			PA	ID TOTALS	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the diand on the Summary Page, Column A, Line 9.)				NET (M	\$1,086.42

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER 1372330

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Kaufman Legal Group, APC

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

IND independent expenditure LEG legal defense

LIT campaign literature and mailings

MBR member communications
MTG mee ings 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 OF	R	DESCRIPTION OF PAYMENT		AMOUNT PAID
PivotHound	PRO				\$5,100.00
Los Angeles, CA 90013-2016					
Attach additional information on appropriately labeled continuation about	1		-	FOTAL*	ĊE 100 00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5,100.00

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

^{*} 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.