

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2025
through 6/30/25

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

| | | | |
|--------------------------------|--|-----------------------|-----|
| Date Stamp | | CALIFORNIA 460 | |
| RECEIVED BY LOS ANGELES COU | | 2001/02 FORM | 460 |
| 2025 AUG - 1 AM 11:32 | | Page 1 of 7 | |
| PROPOSITION B UNIT | | For Official Use Only | |
| JUL 31 2025 | | F | |

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

| | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall (Also Complete Part 5) | <input type="checkbox"/> Sponsored (Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

| | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1437443

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

District Attorney George Gascon Ballot Measure
Committee

STREET ADDRESS (NO P.O. BOX)

CITY Los Angeles STATE CA ZIP CODE 90017 AREA CODE/PHONE (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
pcdfilings@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER

Jamarah Hayner

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS
pcdfilings@kaufmanlegalgroup.com

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 07/31/2025 DATE

By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER _____

Executed on 07/31/2025 DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER _____

Executed on DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER _____

Executed on DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER _____

FPPC Form 460 (Jan/2016)

FPPC Advice:

[\(866\)275-3772](mailto:advice@fppc.ca.gov)

www.fppc.ca.gov

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 Gascon for LA District Attorney 2024 | I.D. NUMBER 1457094 |
|--|------------------------|

| | |
|-------------------------------------|--|
| 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 2134526565 5864 |
|---------------------|-------------|--------------------|---------------------------------------|

| | |
|----------------|-------------|
| 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 |
|------|-------|----------|-----------------|

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 PROPOSER

| | |
|-----------------------|---------------------|
| 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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

District Attorney George Gascon Ballot Measure Committee

Statement covers period

from 1/1/2025

through 6/30/2025

CALIFORNIA
FORM

460

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I.D. NUMBER

1437443

Contributions Received

| | | Column A Total This Period (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions..... | Schedule A, Line 3 | \$3,500.00 | \$3,500.00 |
| 2. Loans Received..... | Schedule B, Line 3 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1+2 | \$3,500.00 | \$3,500.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | \$0.00 | \$0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3+4 | \$3,500.00 | \$3,500.00 |

Expenditures Made

| | | | |
|---|--------------------|-------------|------------|
| 6. Payments Made..... | Schedule E, Line 4 | \$8,565.99 | \$8,565.99 |
| 7. Loans Made..... | Schedule H, Line 3 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6+7 | \$8,565.99 | \$8,565.99 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 | -\$4,000.00 | \$0.00 |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | \$0.00 | \$0.00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8+9+10 | \$4,565.99 | \$8,565.99 |

Current Cash Statement

| | | | |
|--|---|------------|--|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 | \$5,065.99 | 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). |
| 13. Cash Receipts..... | Column A, Line 3 above | \$3,500.00 | |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 | \$0.00 | |
| 15. Cash Payments..... | Column A, Line 8 above | \$8,565.99 | |
| 16. ENDING CASH BALANCE.. | Add Lines 12+13+14, then subtract Line 15 | \$0.00 | |

If this is a termination statement, Line 16 must be zero.

| | | |
|-----------------------------------|--------------------|--------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$0.00 |
|-----------------------------------|--------------------|--------|

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 |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | | |
|----------------------------|------------------|-------------|
| 20. Contributions Received | 1/1 through 6/30 | 7/1 to Date |
| 21. Expenditures Made | | |

**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 |

*Amounts in this section may be different from amounts reported in schedule B.

Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1/1/2025
through 6/30/2025

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1437443

NAME OF FILER
District Attorney George Gascon Ballot Measure Committee

| 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) |
|---------------|--|---|---|-----------------------------------|---|--|
| 04/15/2025 | International Longshore & Warehouse Union Local 13 PAC (ILWU Local 13) San Pedro, CA 90731-3328 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | |
| 05/21/2025 | Carol Sobel Santa Monica, CA 90403-4623 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Law Office of Carol A. Sorbel | \$2,500.00 | \$2,500.00 | |

SUBTOTAL \$3,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$3,500.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$3,500.00

*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 E
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
District Attorney George Gascon Ballot Measure Committee

Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|-----------|----------------------------|--------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 1/1/2025 | Page | 6 of 7 |
| through | 6/30/2025 | 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.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (Internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864 | PRO | | | \$1,065.99 |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864 | PRO | | | \$2,500.00 |
| Makers Strategies Los Angeles, CA 90042-4705 | CNS | | | \$5,000.00 |

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

SUBTOTAL \$8,565.99

Schedule E Summary

| | |
|---|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$8,565.99 |
| 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.)..... | TOTAL \$8,565.99 |

Schedule F
Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
District Attorney George Gascon Ballot Measure Committee

Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|-----------|----------------------------|--------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 1/1/2025 | Page | 7 of 7 |
| through | 6/30/2025 | I.D. NUMBER | |
| | | 1437443 | |

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (Internet, e-mail)

| 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 Los Angeles, CA 90017-5864 | PRO - Uncollectable Debt | \$4,000.00 | (\$4,000.00) | \$0.00 | \$0.00 |

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

SUBTOTALS \$4,000.00 -\$4,000.00 \$0.00 \$0.00

Schedule F Summary

- 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** (\$4,000.00)
- 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** \$0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** (\$4,000.00)
(May be a negative number)