

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

JAN 26 2026 EM COVER PAGE

RECEIVED BY
Date Stamp
LOS ANGELES COUNTY

CALIFORNIA
2001/02
460
FORM

Page 1 of 6
For Official Use Only

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

<input type="checkbox"/> Officeholder, Candidate Controlled Committee	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

I.D. NUMBER
1485027

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

Safer Los Angeles County, Sponsored by Labor Organizations Representing First Responders and Other Essential Workers

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90071	(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

Derek Hsieh

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90071	(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 01/26/26 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

FPPC Form 460 (Jan/2016)

FPPC Advice:

advice@fppc.ca.gov
(866/275-3772)

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

www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page-Part 2

COVER PAGE-PART 2

CALIFORNIA FORM 460

Page 2 of 6

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)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Safer Los Angeles County Ballot Measure

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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/1/2025
through 12/31/2025

CALIFORNIA FORM 460
Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Safer Los Angeles County, Sponsored by Labor Organizations Representing First Responders and Other Essential Workers

I.D. NUMBER

1485027

Contributions Received

		Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3	\$3,950,000.00	\$3,950,000.00
2. Loans Received.....	Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1+ 2	\$3,950,000.00	\$3,950,000.00
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$3,950,000.00	\$3,950,000.00

**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		

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$67,550.00	\$67,550.00
7. Loans Made.....	Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$67,550.00	\$67,550.00
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$40,917.50	\$40,917.50
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 +9 + 10	\$108,467.50	\$108,467.50

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made *	Total to Date
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yyyy)	

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$0.00
13. Cash Receipts.....	Column A, Line 3 above	\$3,950,000.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$0.00
15. Cash Payments.....	Column A, Line 8 above	\$67,550.00
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15		\$3,882,450.00

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

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).

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	\$40,917.50

*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.

Statement covers period
from 1/1/2025
through 12/31/2025

CALIFORNIA FORM 460

Page 4 of 6

I.D. NUMBER
1485027

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)
12/04/2025	Association for Los Angeles Deputy Sheriffs Monterey Park, CA 91755-7406	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,750,000.00	\$2,750,000.00	
12/11/2025	Los Angeles County Firefighters Local 1014 - Community Issues El Monte, CA 91731-3001 ID: 1338370	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$625,000.00	\$625,000.00	
12/05/2025	Los Angeles County Lifeguard Association Hawthorne, CA 90250-6546	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$75,000.00	\$75,000.00	
12/04/2025	Los Angeles County Professional Peace Officers Association San Dimas, CA 91773-3336	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500,000.00	\$500,000.00	
				SUBTOTAL	\$3,950,000.00	

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals).....

\$3,950,000.00

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

\$3,950,000.00

*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

FPPC Form 460 (Jan/2016)

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

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Safer Los Angeles County, Sponsored by Labor Organizations Representing First Responders and Other Essential Workers

Amounts may be rounded
to whole dollars.

SCHEDULE E
Statement covers period
from 1/1/2025
through 12/31/2025
CALIFORNIA FORM **460**
Page 5 of 6

I.D. NUMBER
1485027

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
J&Z Strategies	WEB			\$67,500.00
Los Angeles, CA 90027-3480				

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

SUBTOTAL \$67,500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$67,500.00
2. Unitemized payments made this period of under \$100.....	\$50.00
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	\$67,550.00

Schedule F
Accrued Expenses (Unpaid Bills)

. Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2025	Page	6 of 6
through	12/31/2025	I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Safer Los Angeles County, Sponsored by Labor Organizations Representing First Responders and Other Essential Workers

1485027

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 Los Angeles, CA 90071-1624	PRO	\$0.00	\$13,529.00	\$0.00	\$13,529.00
Kaufman Legal Group Los Angeles, CA 90071-1624	PRO	\$0.00	\$10,998.50	\$0.00	\$10,998.50
Kaufman Legal Group Los Angeles, CA 90071-1624	PRO	\$0.00	\$16,390.00	\$0.00	\$16,390.00

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

SUBTOTALS \$0.00 \$40,917.50 \$0.00 \$40,917.50

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** \$40,917.50
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** \$0.00
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** \$40,917.50
(May be a negative number)