

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

RECEIVED BY
LOS ANGELES COUNTY
2020 OCT 23 PM 1:03
PROPOSITION B UNIT
10/22/2020 FX

CALIFORNIA 460
2001/02
FORM
Page 1 of 6
For Official Use Only

Statement covers period
from 9/20/2020
through 10/17/2020

Date of election if applicable:
(Month, Day, Year)
11/3/2020

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1422776

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020,
Sponsored by Public Safety Organizations

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(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
(213) 452-6575 / jguard@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER
Michele Hanisee

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90071	(213) 236-3618

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

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	10/22/2020	By	<i>Michele Hanisee</i>
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Recipient Committee
Campaign Statement
Cover Page-Part 2

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?
 YES 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?
 YES 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

SUPPORT

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
Jackie Lacey District Attorney

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period	CALIFORNIA FORM 460
from 9/20/2020	
through 10/17/2020	
Page 3 of 6	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Sponsored by Public Safety Organizations

I.D. NUMBER

1422776

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$735,500.00	\$2,578,650.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$735,500.00	\$2,578,650.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$50,000.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$735,500.00	\$2,628,650.00

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

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

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$761.94	\$1,160,572.47
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$761.94	\$1,160,572.47
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$50,000.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$761.94	\$1,210,572.47

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
_____	_____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$735,338.77
13. Cash Receipts..... Column A, Line 3 above	\$735,500.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$761.94
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$1,470,076.83

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).

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

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Sponsored by Public Safety Organizations

I.D. NUMBER
1422776

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)
10/08/2020	Association for Los Angeles Deputy Sheriffs State PAC Monterey Park, CA 91755-7406 ID: 1359227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500,000.00	\$1,300,000.00	
10/09/2020	Craig Hum Los Angeles, CA 90012-4086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney LA County	\$500.00	\$500.00	
09/25/2020	IBEW Local 11 AFL CIO PAC Pasadena, CA 91101-1567 ID: 822725	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
09/30/2020	Long Beach Police Officers Association IE Committee Sacramento, CA 95814-3970 ID: 1264154	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	

SUBTOTAL \$550,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$735,500.00
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 \$735,500.00

*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 A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Sponsored by Public Safety Organizations

I.D. NUMBER
1422776

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)
10/08/2020	Sacramento County Deputy Sheriffs Association IEC Sacramento, CA 95814-3970 ID: 1254178	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
10/08/2020	San Francisco Police Officers Association PAC San Francisco, CA 94103-4703 ID: 1315969	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
10/16/2020	State Affiliated Cops Independent Expenditure Committee (SAC PAC IEC) Sacramento, CA 95814-3970 ID: 1235098	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,000.00	\$150,000.00	

SUBTOTAL \$185,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$735,500.00
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 \$735,500.00

*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**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>9/20/2020</u> through <u>10/17/2020</u>	
Page <u>6</u> of <u>6</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Neighborhood Safety Coalition Supporting Jackie Lacey for DA 2020, Sponsored by Public Safety Organizations	I.D. NUMBER 1422776
------------------------------------------------------------------------------------------------------------------------------	------------------------

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

- | | | |
|-----------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO		\$660.00
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC		\$101.94

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

SUBTOTAL \$761.94

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$761.94
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 \$761.94