

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Date Stamp
 ACCEPTED BY
 LOS ANGELES COUNTY
 2023 MAR 28 PM 2:05
 PROPOSITION 5 UNW
 3/23/23 (E)

CALIFORNIA FORM 460

Page 1 of 9

For Official Use Only

Statement covers period
 from 01/01/2023
 through 03/22/2023

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

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1448203

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 COALITION OF WORKING CALIFORNIANS AND PUBLIC SAFETY IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022, SPONSORED BY UNIONS REPRESENTING CONSTRUCTION TRADES AND LAW ENFORCEMENT

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
 FORM410@NMGVLAW.COM

Treasurer(s)

NAME OF TREASURER

JASON D. KAUNE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

NAME OF ASSISTANT TREASURER, IF ANY

JAMES W. CARSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

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 03/23/2023
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, 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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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
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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 BOB HERTZBERG	OFFICE SOUGHT OR HELD County Supervisor LOS ANGELES COUNTY	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	01/01/2023	
through		Page <u>3</u> of <u>9</u>
		I.D. NUMBER 1448203

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COALITION OF WORKING CALIFORNIANS AND PUBLIC SAFETY IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022, SPONSORED
BY UNIONS REPRESENTING CONSTRUCTION TRADES AND LAW ENFORCEMENT

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>-73,670.23</u>	\$ <u>-73,670.23</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>-73,670.23</u>	\$ <u>-73,670.23</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>-73,670.23</u>	\$ <u>-73,670.23</u>

**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	\$ <u>3,231.00</u>	\$ <u>3,231.00</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>3,231.00</u>	\$ <u>3,231.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>-3,231.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0.00</u>	\$ <u>3,231.00</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>76,901.23</u>
13. Cash Receipts Column A, Line 3 above	<u>-73,670.23</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>3,231.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0.00</u>

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).

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/22/2023	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COALITION OF WORKING CALIFORNIANS AND PUBLIC SAFETY IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022, SPONSORED BY UNIONS REPRESENTING CONSTRUCTION TRADES AND LAW ENFORCEMENT	I.D. NUMBER 1448203
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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)
01/12/2023	A COALITION FOR A SAFER LOS ANGELES COUNTY (ID# 1359227) MONTEREY PARK, CA 91755 PARTIAL REFUND	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-44,290.77	-44,290.77	
01/12/2023	AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES LOCAL NO. 685 POLITICAL ACTION COMMITTEE (ID# 744558) VERNON, CA 90058 PARTIAL REFUND	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-3,406.98	-3,406.98	
01/12/2023	DISTRICT COUNCIL OF IRONWORKERS POLITICAL ACTION COMMITTEE (ID# 1296994) PINOLE, CA 94561 PARTIAL REFUND	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-1,703.49	-1,703.49	
01/12/2023	INTERNATIONAL BROTHERHOOD OF BOILERMAKERS LOCAL 92 PAC (ID# 1363067) SACRAMENTO, CA 95814 PARTIAL REFUND	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-1,703.49	-1,703.49	
01/12/2023	LOS ANGELES COUNTY PROFESSIONAL PEACE OFFICERS' ASSOCIATION INDEPENDENT EXPENDITURE COMMITTEE (ID# 810614) SACRAMENTO, CA 95814 PARTIAL REFUND	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-3,406.98	-3,406.98	
SUBTOTAL \$				-54,511.71		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	-73,670.23
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 and on the Summary Page, Column A, Line 1.)	TOTAL \$	-73,670.23

*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 (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/22/2023	Page <u>5</u> of <u>9</u>

NAME OF FILER COALITION OF WORKING CALIFORNIANS AND PUBLIC SAFETY IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022, SPONSORED BY UNIONS REPRESENTING CONSTRUCTION TRADES AND LAW ENFORCEMENT	I.D. NUMBER 1448203
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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)
01/12/2023	LOS ANGELES/ORANGE COUNTIES BUILDING & CONSTRUCTION TRADES COUNCIL LOS ANGELES, CA 90026 PARTIAL REFUND	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-5,110.47	-5,110.47	
01/12/2023	OPERATING ENGINEERS LOCAL UNION NO. 12 POLITICAL FUND (ID# 743030) PASADENA, CA 91103 PARTIAL REFUND	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-340.70	-340.70	
01/12/2023	SOUTHERN CALIFORNIA PIPE TRADES DISTRICT COUNCIL NO. 16 POLITICAL ACTION COMMITTEE (ID# 760715) LOS ANGELES, CA 90020 PARTIAL REFUND	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		-1,703.49	-1,703.49	
01/12/2023	STATE BUILDING AND CONSTRUCTION TRADES COUNCIL OF CALIFORNIA INDEPENDENT EXPENDITURE PAC (ID# 1377164) SACRAMENTO, CA 95814 PARTIAL REFUND	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-8,414.09	-5,183.09	
01/12/2023	UNION OF AMERICAN PHYSICIANS AND DENTISTS INDEPENDENT EXPENDITURE COMMITTEE (ID# 1395989) SACRAMENTO, CA 95814 PARTIAL REFUND	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-6,813.96	-6,813.96	
SUBTOTAL \$				-22,382.71		

*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 (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/22/2023	Page 6 of 9

NAME OF FILER COALITION OF WORKING CALIFORNIANS AND PUBLIC SAFETY IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022, SPONSORED BY UNIONS REPRESENTING CONSTRUCTION TRADES AND LAW ENFORCEMENT	I.D. NUMBER 1448203
--	------------------------

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)
01/12/2023	UNION OF AMERICAN PHYSICIANS AND DENTISTS SMALL CONTRIBUTOR COMMITTEE (ID# 1356185) SACRAMENTO, CA 95814 PARTIAL REFUND	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-6.81	-6.81	
02/15/2023	AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES LOCAL NO. 685 POLITICAL ACTION COMMITTEE (ID# 744558) VERNON, CA 90058 REISSUE OF PARTIAL REFUND OF CONTRIBUTION RECEIVED 5/19/22	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-3,406.98	-3,406.98	
02/15/2023	AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES LOCAL NO. 685 POLITICAL ACTION COMMITTEE (ID# 744558) VERNON, CA 90058 VOIDED REFUND CHECK ORIGINALLY ISSUED 1/12/23	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,406.98	-3,406.98	
02/21/2023	STATE BUILDING AND CONSTRUCTION TRADES COUNCIL OF CALIFORNIA INDEPENDENT EXPENDITURE PAC (ID# 1377164) SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,231.00	-5,183.09	
02/24/2023	SOUTHERN CALIFORNIA PIPE TRADES DISTRICT COUNCIL NO. 16 POLITICAL ACTION COMMITTEE (ID# 760715) LOS ANGELES, CA 90020 VOIDED REFUND CHECK ORIGINALLY ISSUED 1/12/23	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,703.49	-1,703.49	
SUBTOTAL \$				4,927.68		

*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 (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/22/2023	Page <u>7</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
COALITION OF WORKING CALIFORNIANS AND PUBLIC SAFETY IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022, SPONSORED BY UNIONS REPRESENTING CONSTRUCTION TRADES AND LAW ENFORCEMENT		1448203

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)
02/24/2023	SOUTHERN CALIFORNIA PIPE TRADES DISTRICT COUNCIL NO. 16 POLITICAL ACTION COMMITTEE (ID# 760715) LOS ANGELES, CA 90020 REISSUE OF PARTIAL REFUND OF CONTRIBUTION RECEIVED 5/17/22	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		-1,703.49	-1,703.49	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				-1,703.49		

*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.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/22/2023	Page 8 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COALITION OF WORKING CALIFORNIANS AND PUBLIC SAFETY IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022, SPONSORED BY UNIONS REPRESENTING CONSTRUCTION TRADES AND LAW ENFORCEMENT

I.D. NUMBER

1448203

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 supporting/opposing others (explain)*	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
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP SAN RAFAEL, CA 94901	PRO			3,231.00

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

SUBTOTAL \$ 3,231.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	3,231.00
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).)	\$	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 \$	3,231.00

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/22/2023	Page <u>9</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COALITION OF WORKING CALIFORNIANS AND PUBLIC SAFETY IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022, SPONSORED BY UNIONS REPRESENTING CONSTRUCTION TRADES AND LAW ENFORCEMENT

I.D. NUMBER
1448203

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 supporting/opposing others (explain)*	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 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	
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP SAN RAFAEL, CA 94901	PRO	3,231.00	0.00	3,231.00	0.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	3,231.00\$	0.00\$	3,231.00\$	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 accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- 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 \$** 3,231.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -3,231.00
May be a negative number