

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

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CALIFORNIA 460
2001/02
FORM

Page 1 of 9
For Official Use Only

Statement covers period
from 10/18/2020
through 12/31/2020

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

3. Committee Information

I.D. NUMBER
1399573

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee for Stronger and Safer Neighborhoods - Supervisor
Janice Hahn Ballot Measure Committee

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 / sshin@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER

Janice Hahn

MAILING ADDRESS

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

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 _____ | 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 |
| 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 |

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

**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 Janice Hahn for Supervisor 2016 | I.D. NUMBER 1394146 |
|---|------------------------|

| | |
|--------------------------------------|--|
| NAME OF TREASURER Janice Kay Hahn | CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------------------------------|--|

| | | | |
|-------------------|------------------------------|------------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA | 90017-5864 | 2134526565 |

| | |
|---|------------------------|
| COMMITTEE NAME Janice Hahn for Supervisor 2020 | I.D. NUMBER 1414469 |
|---|------------------------|

| | |
|--------------------------------------|--|
| NAME OF TREASURER Janice Kay Hahn | CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------------------------------|--|

| | | | |
|-------------------|------------------------------|------------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA | 90017-5864 | 2134526565 |

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 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

**Recipient Committee
Campaign Statement
Cover Page-Part 2**

5. Officeholder or Candidate Controlled Committee

| | | | |
|---|-------------------------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE Janice Hahn | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Held: County Supervisor | | | |
| County | County of Los Angeles 4 | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
| | Los Angeles | CA | 90017 |

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 | | |
| 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 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

**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 Janice Hahn for Supervisor 2016 | I.D. NUMBER 1392563 |
|---|------------------------|

| | |
|--------------------------------------|--|
| NAME OF TREASURER Janice Kay Hahn | CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------------------------------|--|

| | | | |
|-------------------|------------------------------|------------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA | 90017-5864 | (213) 452-6565 |

| | |
|----------------|-------------|
| 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 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 | CALIFORNIA FORM 460 |
| from 10/18/2020 through 12/31/2020 | |
| Page 5 of 9 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER

1399573

Contributions Received

| | Column A Total This Period (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$25,000.00 | \$352,400.00 |
| 2. Loans Received..... Schedule B, Line 3 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2 | \$25,000.00 | \$352,400.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$0.00 | \$0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$25,000.00 | \$352,400.00 |

**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 | \$10,109.80 | \$446,267.06 |
| 7. Loans Made..... Schedule H, Line 3 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$10,109.80 | \$446,267.06 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$1,314.10 | \$2,696.26 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$0.00 | \$0.00 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10 | \$11,423.90 | \$448,963.32 |

**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 | \$12,186.66 |
| 13. Cash Receipts..... Column A, Line 3 above | \$25,000.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$0.00 |
| 15. Cash Payments..... Column A, Line 8 above | \$10,109.80 |
| 16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15 | \$27,076.86 |
| If this is a termination statement, Line 16 must be zero. | |
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$0.00 |

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 schedule B.

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 | \$2,696.26 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from 10/18/2020 through 12/31/2020 | CALIFORNIA FORM 460 |
| | Page 6 of 9 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER
1399573

| 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) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 11/05/2020 | Steven Stroll Las Vegas, NV 89148-5048 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Accountant Steven Stroll | \$25,000.00 | \$25,000.00 | |

SUBTOTAL \$25,000.00

Schedule A Summary

| | |
|--|--------------------------|
| 1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.)..... | \$25,000.00 |
| 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 or the Summary Page, Column A, Line 1.)..... | TOTAL \$25,000.00 |

*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

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

| | |
|-------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 10/18/2020 | |
| through 12/31/2020 | |
| Page 7 of 9 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER
1399573

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 |
| INID 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.C. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| First Bank Merchant Svc Discount Atlanta, GA 30342-1651 | OFC | | \$19.90 |
| First Bank Merchant Svc Fee Atlanta, GA 30342-1651 | OFC | | \$89.90 |
| Megan Egoscue Inc Long Beach, CA 90807-2435 | CNS | | \$10,000.00 |

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

SUBTOTAL \$10,109.80

Schedule E Summary

| | |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$10,109.80 |
| 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 \$10,109.80 |

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

Amounts may be rounded to whole dollars.

SCHEDULE F

| | |
|-------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 10/18/2020 | |
| through 12/31/2020 | |
| Page 8 of 9 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee

I.D. NUMBER
1399573

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 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 | \$409.50 | \$0.00 | \$0.00 | \$409.50 |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864 | OFC | \$12.66 | \$0.00 | \$0.00 | \$12.66 |
| Kaufman Legal Group, APC Los Angeles, CA 90017-5864 | PRO | \$0.00 | \$352.50 | \$0.00 | \$352.50 |
| SUBTOTALS | | \$422.16 | \$352.50 | \$0.00 | \$774.66 |

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

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 | \$1,314.10 |
| 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 | \$1,314.10 (May be a negative number) |

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

Amounts may be rounded to whole dollars.

SCHEDULE F

| | |
|-------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 10/18/2020 | |
| through 12/31/2020 | |
| Page 9 of 9 | |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER Committee for Stronger and Safer Neighborhoods - Supervisor Janice Hahn Ballot Measure Committee | I.D. NUMBER 1399573 |
|---|------------------------|

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 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 | OFC | \$0.00 | \$1.60 | \$0.00 | \$1.60 |
| NGP Van, Inc. Washington, DC 20005-5006 | OFC | \$960.00 | \$0.00 | \$0.00 | \$960.00 |
| NGP Van, Inc. Washington, DC 20005-5006 | OFC | \$0.00 | \$960.00 | \$0.00 | \$960.00 |
| SUBTOTALS | | \$960.00 | \$961.60 | \$0.00 | \$1,921.60 |

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

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 | \$1,314.10 |
| 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 | \$1,314.10 (May be a negative number) |