FORM Statement covers period Date of election If applicable: (Month, Day, Year) Page 1 from 1/1/2024 For Official Use Only 3/5/2024 SEE INSTRUCTIONS ON REVERSE through 1/20/2024 1. Type of Recipient Committee: All Committees- Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure ✓ Preelection Statement Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement (Also Complete Part 5) (Also file a Form 410 Termination) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Sponsored Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1437443 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER District Attorney George Gascon Ballot Measure Committee Jamarah Hayner MAILING ADDRESS CITY AREA CODE/PHONE STATE ZIP CODE STREET ADDRESS (NO P.O. BOX) Los Angeles 90017 (213) 452-6565 NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles CA 90017 (213) 452-6565 MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS pcdfilings@kaufmanlegalgroup.com pcdfilings@kaufmanlegalgroup.com 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 4. Verification under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on By DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE. STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT FPPC Form 460 (Jan/2016) **FPPC Advice:** Executed on By advice@fppc.ca.gov DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT (866/275-3772) Executed on Ву SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT DATE www.fppc.ca.gov

COVER PAGE-PART 2						
CALIF FO	ORN RM	IA Z	160			
Page	2	of	13			

6. Officeholder or Candidate Controlled Committee	6.Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION SUPP	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure propon	ent, if any
	NAME OF OFFICEHLOLDER, CANDIDATE, OR PROPONENT	
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.	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	
COMMITTEE NAME George Gascon for District Attorney LD. NUMBER 1426300	 Primarily Formed Candidate/Officeholder Committee L officeholder(s) or candidate(s) for which this committee is primarily formed. 	ist names of
Jamarah Hayner COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	-	SUPPORT
CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles CA 90017 - 2134526565	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME District Attorney George Gascon 1436344		SUPPORT
AMMEIGRETREASTIREER Account Jamarah Hayner COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) COMMITTEE ADDRESS CONTROLLED COMMITTEE? NO	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles CA 90017 - 2134526565 5864	Attach continuation sheets if necessary	

FPPC Form 460 (Jan/2016)

CALIFORNIA FORM FORM 13

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
George Gascon		TO THE ST BALLET THE TOOK		
OFFICE SOUGHT OR HELD(INCLUDE LOCATIO Held: District Attorney	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
County	Los Angeles			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP	Identify the controlling officeho	older, candidate, or state meas	ure proponent, if a
	Los Angeles CA 90017	NAME OF OFFICEHLOLDER, CANDIDA	ATE, OR PROPONENT	
•	•			
not included in this statement that are controlled contributions or make expenditures on behalf of				
COMMITTEE NAME	I.D. NUMBER	7. Primarily Formed Candi		mittee List names
		7. Primarily Formed Candio officeholder(s) or candidate(s) for which the		mittee List names
NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE? YES NO		is committee is primarily formed.	10
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s) or candidate(s) for which the	is committee is primarily formed.	LD SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	CONTROLLED COMMITTEE? YES NO	officeholder(s) or candidate(s) for which the	is committee is primarily formed. ATE OFFICE SOUGHT OR HE	LD SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	CONTROLLED COMMITTEE? YES NO ORESS (NO P.O. BOX)	officeholder(s) or candidate(s) for which the	is committee is primarily formed. ATE OFFICE SOUGHT OR HE ATE OFFICE SOUGHT OR HE	LD SUPPOR OPPOSE DOPPOSE SUPPOR OPPOSE LD SUPPOR
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NAME OF TREASURER COMMITTEE ADDRESS STREET ADD CITY STA COMMITTEE NAME NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO ORESS (NO P.O. BOX) ATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	officeholder(s) or candidate(s) for which the NAME OF OFFICEHOLDER OR CANDIDATED AND OF OFFICEHOLDER OR CANDIDATED AND OF OFFICEHOLDER OR CANDIDATED AND OF	is committee is primarily formed. ATE OFFICE SOUGHT OR HE ATE OFFICE SOUGHT OR HE ATE OFFICE SOUGHT OR HE	LD SUPPOR OPPOSE LD SUPPOR OPPOSE OPPOSE

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

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. Officeholder or Candidate Controlled Committee	6.Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure	proponent, if any
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.	OFFICE SOUGHT OR HELD DISTRICT NO. II	
COMMITTEE NAME George Gascon for LA District I.D. NUMBER 1422183	 Primarily Formed Candidate/Officeholder Commit- officeholder(s) or candidate(s) for which this committee is primarily formed. 	ittee List names of
AMEDITREASURER CONTROLLED COMMITTEE? Jamarah Hayner ✓ YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles CA 90017- (213) 452-6565 5864	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary	

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

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Officeholder or Candidate Controlled C	ommittee	6.Primarily Formed Ba	liot Measure Committe	е
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling office	holder, candidate, or state measu	re proponent, if ar
		NAME OF OFFICEHLOLDER, CANDI	DATE, OR PROPONENT	
Related Committees Not Included in this Statement not Included In this statement that are controlled by you or are prima contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD	DISTRICT N	O. IF ANY
COMMITTEE NAME Gascon for LA District Attorney 2024	I.D. NUMBER 1457094	7. Primarily Formed Cand officeholder(s) or candidate(s) for which		mittee List names
NAME OF TREASURER Jamarah Hayner COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HEI	D SUPPOR
CITY STATE ZIP CODE		NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HEL	
Los Angeles CA 90017- 5864	(213) 452-6565			OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HEI	SUPPOR
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CAND	DATE OFFICE SOUGHT OR HEL	.D OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				OPPOSE
CITY STATE ZIP CODE	E AREA CODE/PHONE	Attach co	ontinuation sheets if necessary	13

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

Campaign Disclosure Statement Summary Page

District Attorney George Gascon Ballot Measure Committee

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period **CALIFORNIA FORM** 1/1/2024

1/20/2024

through

Page 6 **of** 13

I.D. NUMBER 1437443

Contributions Received	Column A Total This Period (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$0.00	\$0.00	Received
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0.00	\$0.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$50.00	\$50.00	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made *
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$50.00	\$50.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$13,551.87	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd/yyyy)
11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	\$50.00	\$13,601.87	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$240.86	To calculate Column B, add	4
13. Cash Receipts Column A, Line 3 above	\$0.00	amounts in Column A to the corresponding amounts from	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	Column B of your last report. Some amounts in Column A	1-
15. Cash Payments Column A, Line 8 above	\$50.00	may be negative figures that	*Amounts in this section may be different from amount
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$190.86	should be subtracted from previous period amounts. If	reported in schedule B.
If this is a termination statement, Line 16 must be zero.		this is the first report being filed for this calendar year, only carry over the amounts	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	from Lines 2, 7, and 9 (if any).	
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents See instructions on reverse	\$0.00		and the second second
19. Outstanding Debts Add Line 2+Line 9 in Column B above	\$13,551.87		FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.g

Schedule E **Payments Made** . Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period 1/1/2024

through

1/20/2024

CALIFORNIA

Page of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

District Attorney George Gascon Ballot Measure Committee

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

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)

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

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	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL	\$0.00
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)		\$0.00
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	\$50.00

. Amounts may be rounded to whole dollars.

Statement covers period

1/1/2024

through 1/20/2024

CALIFORNIA **FORM**

Page

of

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE

Accrued Expenses (Unpaid Bills)

NAME OF FILER

Schedule F

District Attorney George Gascon Ballot Measure Committee

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

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)

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

LIT campaign literature and mailings	PRT print ads WEB inform			ion technology costs (Interne	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	PRO	\$144.00	\$0.00	\$0.00	\$144.00	
Los Angeles, CA 90017-5864 Kaufman Legal Group, APC	DDO	\$176.60	\$0.00	\$0.00	\$176.60	
Los Angeles, CA 90017-5864	PRO	\$176.60	\$0.00	\$0.00	\$176.60	
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	OFC	\$100.00	\$0.00	\$0.00	\$100.00	
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$420.60	\$0.00	\$0.00	\$420.60	
Schedule F Summarv 1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized			IN:	CURRED TOTALS	\$0.00	
2. Total accrued expenses paid this period. (Include all Seaccrued expenses of \$100 or more, plus total unitemized		er \$100)		PAID TOTALS	\$0.00	
3. Net change this period. (Subtract Line 2 from Line 1. E and on the Summary Page, Column A, Line 9.)				NET	\$0.00	
					May be a negative number) PPC Form 460 (Jan/2016)	

. Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period CALIFORNIA **FORM** 1/1/2024 Page 9 of 1/20/2024 through I.D. NUMBER 1437443

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

District Attorney George Gascon Ballot Measure Committee

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 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 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

LEG legal defense LIT campaign literature and mailings	POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		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)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Kaufman Legal Group, APC	PRO	\$278.00	\$0.00	\$0.00	\$278.00	
Los Angeles, CA 90017-5864	PRO	\$278.00	\$0.00	\$0.00	\$278.00	
Kaufman Legal Group, APC	OFC	\$100.00	\$0.00	\$0.00	\$100.00	
Los Angeles, CA 90017-5864	OFC	\$100.00	\$0.00	\$0.00	\$100.00	
Kaufman Legal Group, APC	PRO	\$1,746.00	\$0.00	\$0.00	\$1,746.00	
Los Angeles, CA 90017-5864	PRO	\$1,740.00	\$0.00	\$0.00	71,746.00	
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$2,124.00	\$0.00	\$0.00	\$2,124.00	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized	,		INC	CURRED TOTALS	\$0.00	
Total accrued expenses paid this period. (Include all S accrued expenses of \$100 or more, plus total unitemized		er \$100)		PAID TOTALS	\$0.00	
3. Net change this period. (Subtract Line 2 from Line 1. E and on the Summary Page, Column A, Line 9.)				NET	\$0.00	
and on the callinary rage, column A, Elic J., minimum				- 11/5	(May be a negative number)	
					EDDC Form 460 (Jan/2016)	

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

Amounts may be rounded to whole dollars.

SCHEDULE F

	Statement covers period		CALIFORNIA FORM			
from through	1/20/2024	Page	10	of	13	
		I.D. NUMB				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

District Attorney George Gascon Ballot Measure Committee

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 MBR member communications

MTG meetings and appearances OFC office expenses

PET petition circulating
PHO phone banks

POL polling and survey research

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

FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	POL polling and survey resea POS postage, delivery and mo PRO professional services (le PRT print ads	essenger services	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	\$888.37	\$0.00	\$0.00	\$888.37	
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO	\$5,512.10	\$0.00	\$0.00	\$5,512.10	
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO	\$1,969.33	\$0.00	\$0.00	\$1,969.33	
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$8,369.80	\$0.00	\$0.00	\$8,369.80	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized			INC	CURRED TOTALS	\$0.00	
2. Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemized		er \$100)		PAID TOTALS	\$0.00	
3. Net change this period. (Subtract Line 2 from Line 1. E and on the Summary Page, Column A, Line 9.)				NET	\$0.00	
					ay be a negative number) PC Form 460 (Jan/2016)	

. Amounts may be rounded to whole dollars.

SCHEDULE F

CALIFORNIA 460 Statement covers period **FORM** 1/1/2024 11 of 13 Page 1/20/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

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	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) RFD returned co SAL campaign w TEL t.v. or cable TRC candidate tr TRS staff/spouse TSF transfer betw VOT voter registr				time and production costs contributions n workers' salaries ble airtime and production costs e travel, lodging, and meals use travel, lodging, and meals between committees of the same candidate/sponsor		
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	PRO	\$485.40	\$0.00	\$0.00	\$485.40		
Los Angeles, CA 90017-5864							
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO	\$19.20	\$0.00	\$0.00	\$19.20		
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO	\$289.00	\$0.00	\$0.00	\$289.00		
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$793.60	\$0.00	\$0.00	\$793.60		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized			IN.	CURRED TOTALS	\$0.00		
Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemized)	chedule F, Column (c) subtotals for p payments on accrued expenses und	ayments on er \$100.)		PAID TOTALS	\$0.00		
3. Net change this period. (Subtract Line 2 from Line 1. E and on the Summary Page, Column A, Line 9.)				NET	\$0.00		
					May be a negative number)		

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA FORM

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^A 460

SCHEDULE F

from $\frac{1/1/2024}{1/20/2024}$

I.D. NUMBER

1437443

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

District Attorney George Gascon Ballot Measure Committee

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

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

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

LEG legal defense LIT campaign literature and mailings	PRO professional services (legal, accounting) PRT print ads VOT voter reg WEB informa			gistration ition 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	\$522.77	\$0.00	\$0.00	\$522.77	
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO	\$298.00	\$0.00	\$0.00	\$298.00	
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO	\$229.00	\$0.00	\$0.00	\$229.00	
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$1,049.77	\$0.00	\$0.00	\$1,049.7	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized			INC.	CURRED TOTALS	\$0.00	
2. Total accrued expenses paid this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized		er \$100)		PAID TOTALS	\$0.00	
Net change this period. (Subtract Line 2 from Line 1. E and on the Summary Page, Column A, Line 9.)					\$0.00 ay be a negative number) PC Form 460 (Jan/2016)	

. Amounts may be rounded to whole dollars.

SCHEDULE F

 Statement covers period
 C/

 from
 1/1/2024

1/20/2024

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

LIT campaign literature and mailings

NAME OF FILER

LEG legal defense

Schedule F

District Attorney George Gascon Ballot Measure Committee

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

Accrued Expenses (Unpaid Bills)

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	\$410.60	\$0.00	\$0.00	\$410.60
Kaufman Legal Group, APC Los Angeles, CA 90017-5864	PRO	\$383.50	\$0.00	\$0.00	\$383.50

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$794.10	\$0.00	\$0.00	\$794.10
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedu accrued expenses of \$100 or more, plus total unitemized payments	INCURRE	D TOTALS	\$0.00		
Total accrued expenses paid this period. (Include all Schedule F accrued expenses of \$100 or more, plus total unitemized payments)	, Column (c) subtotals for paymen	its on	PAI	D TOTALS	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the di and on the Summary Page, Column A, Line 9.)				NET	\$0.00
2				(May be	a negative number)