

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

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CALIFORNIA
2001/02
FORM 460

Page 1 of 11
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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2025
through 6/30/2025

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

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
1480691

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

Maria Elena Durazo for Supervisor 2026 Attorney Fees Fund

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

pcdfilings@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER

Maria Elena Durazo

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

pcdfilings@kaufmanlegalgroup.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California that it

Executed on 1/30/25 By _____
Executed on 7/30/25 By _____
Executed on DATE SIGNA
Executed on DATE
Executed on DATE By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Information contained herein and in the attached schedules is true and complete. I certify

OR ASSISTANT TREASURER

MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT

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

COVER PAGE-PART 2

CALIFORNIA
FORM 460

Page 2 of 11

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 Maria Elena Durazo for Supervisor	I.D. NUMBER 1479451
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NAME OF TREASURER Maria Elena Durazo	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---	--

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY Los Angeles	STATE CA	ZIP CODE 90017-5864	AREA CODE/PHONE 2134526565
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COMMITTEE NAME Maria Elena Durazo for State Senate	I.D. NUMBER 1458805
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NAME OF TREASURER Stephen Kaufman	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY Los Angeles	STATE CA	ZIP CODE 90017-5864	AREA CODE/PHONE 2134526565
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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
-----------------------	---------------------

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
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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

Recipient Committee
Campaign Statement
Cover Page-Part 2

COVER PAGE-PART 2

CALIFORNIA		460
FORM		
Page	3	of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Maria Elena Durazo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought: County Supervisor
County County of Los Angeles 1

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

COVER PAGE-PART 2

CALIFORNIA
FORM 460

Page 4 of 11

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
Take Action for Equal Opportunity:	1428498
NAME OF TREASURER Durazo Ballot Measure	CONTROLLED COMMITTEE?
Maria Elena Durazo	<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-	(213) 452-6565
		5864	

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
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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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Elena Durazo for Supervisor 2026 Attorney Fees Fund

Statement covers period
from 1/1/2025
through 6/30/2025

CALIFORNIA FORM 460
Page 5 of 11

I.D. NUMBER

1480691

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$24,500.00	\$24,500.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$24,500.00	\$24,500.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$24,500.00	\$24,500.00

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

6. Payments Made..... Schedule E, Line 4	\$0.00	\$0.00
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$0.00	\$0.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$1,510.90	\$1,510.90
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$1,510.90	\$1,510.90

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	\$0.00
13. Cash Receipts..... Column A, Line 3 above	\$24,500.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$0.00
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$24,500.00

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	\$1,510.90

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.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Elena Durazo for Supervisor 2026 Attorney Fees Fund

Statement covers period
from 1/1/2025
through 6/30/2025

CALIFORNIA FORM 460
Page 6 of 11

I.D. NUMBER
1480691

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)
06/17/2025	Bartenders and Beverage Dispensers Union Bartenders Local 165 Las Vegas, NV 89103-3787	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
05/02/2025	IBEW PAC Educational Fund Washington, DC 20001-3886	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
05/29/2025	International Brotherhood of Electrical Workers Local No. 11 Political Action Committee Pasadena, CA 91101-1567 ID: 822725	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
06/24/2025	Local 770, United Food and Commercial Workers Political Action Committee Los Angeles, CA 90005-1303 ID: 921242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00	\$1,500.00	

SUBTOTAL \$6,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$24,500.00

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** \$24,500.00

*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.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Elena Durazo for Supervisor 2026 Attorney Fees Fund

Statement covers period
from 1/1/2025
through 6/30/2025

CALIFORNIA FORM 460
Page 7 of 11

I.D. NUMBER
1480691

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)
06/30/2025	Los Angeles College Guild COPE Los Angeles, CA 90068-1404 ID: 1227710	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
05/28/2025	Los Angeles County Federation of Labor AFL-CIO Council on Political Education Los Angeles, CA 90006-2202 ID: 742204	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
05/21/2025	SEIU United Healthcare Workers West Political Action Committee Los Angeles, CA 90017-5864 ID: 747285	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
05/06/2025	Service Employees International Union Local 721 CTW, CLC State & Local Los Angeles, CA 90017-4510 ID: 743794	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00	\$1,500.00	

SUBTOTAL \$6,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$24,500.00

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** \$24,500.00

*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

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Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Elena Durazo for Supervisor 2026 Attorney Fees Fund

Statement covers period
from 1/1/2025
through 6/30/2025

CALIFORNIA FORM 460
Page 8 of 11

I.D. NUMBER
1480691

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)
05/27/2025	Sheet Metal, Air, Rail, Transportation Worker's International Union (S.M.A.R.T.) Local 105 PAC Chino, CA 91710 ID: 962809	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
05/28/2025	Steamfitters & Refrigeration U.A. Local 250 PAC Small Contributor Committee Gardena, CA 90248-4217 ID: 743959	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
04/16/2025	Teamsters Local 396 PAC Los Angeles, CA 90017-5864 ID: 1446271	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
05/20/2025	UAW Region 6 Western States PAC Pico Rivera, CA 90660-3532 ID: 743787	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	

SUBTOTAL \$6,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$24,500.00

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** \$24,500.00

*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

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Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Elena Durazo for Supervisor 2026 Attorney Fees Fund

Statement covers period
from 1/1/2025
through 6/30/2025

CALIFORNIA FORM 460
Page 9 of 11

I.D. NUMBER
1480691

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)
05/28/2025	UNITE HERE Local 11 PAC Los Angeles, CA 90017-2074 ID: 981585	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
05/19/2025	Unite HERE Local 26 Separate Fund II Medford, MA 02155-5134	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
05/06/2025	UNITE HERE TIP State and Local Fund (NY SBOE ID#3370) New York, NY 10001-8408 ID: 810437	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
06/27/2025	United Nurses Association of California/Union of Health Care Professionals PAC (UNAC PAC) Long Beach, CA 90802-5054 ID: 1295768	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00	\$1,500.00	

SUBTOTAL \$5,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$24,500.00

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** \$24,500.00

*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

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Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Elena Durazo for Supervisor 2026 Attorney Fees Fund

Statement covers period
from 1/1/2025
through 6/30/2025

CALIFORNIA FORM 460
Page 10 of 11

I.D. NUMBER
1480691

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)
06/24/2025	Utility Workers Union of America, AFL-CIO Political Contributions Committee Washington, DC 20005-4184 ID: 951712	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	

SUBTOTAL \$1,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$24,500.00

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** \$24,500.00

*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

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Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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from 1/1/2025
through 6/30/2025

CALIFORNIA FORM 460
Page 11 of 11

I.D. NUMBER
1480691

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 Los Angeles, CA 90017-5864	PRO	\$0.00	\$245.00	\$0.00	\$245.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$0.00	\$1,265.90	\$0.00	\$1,265.90

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

SUBTOTALS	\$0.00	\$1,510.90	\$0.00	\$1,510.90
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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	\$1,510.90
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	\$1,510.90 (May be a negative number)