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COVER PAGE

Recipient Committee Date Stamp **CALIFORNIA** Campaign Statement CEIVED BY **FORM Cover Page** (Government Code Sections 84200-84216.5) Date of election if applicable; (Month, Day, Year) Statement covers period 07/01/2021 For Official Use Only CAMPAIGN FINANCE through ____12/31/2021 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Controlled ○ Recall Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) X General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 761351 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER California Association of Professional Employees PAC (CAPE PAC) Peter Thomas MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY AREA CODE/PHONE STATE ZIP CODE Pasadena CA 91107 (626) 243-0340 NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE Nelson Manabat, Assistant Treasurer Pasadena CA 91107 (626) 243 - 0340 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE CA 95814 Pasadena CA 91107 (626) 243 - 0340 Sacramento OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS compliance@olsonremcho.com **Verification** I have used all reasonable diligence in preparing and reviewing this statement ne attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the forego Executed on Executed on nsible Officer of Sponsor Executed on. ponent Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
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Page	2	of_	8				

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Recipient Committee Campaign Statement Cover Page — Part 2

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CALIFORNIA 460						
Page2 of9	1					

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballo	ot measure t	ommutee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			-,
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Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT I	NO. IF ANY
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Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

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NAME OF FILER California Association of Professional Employees PAC (CAPE PAC) Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 33,940.00 68,435.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 0.00 0.00 20. Contributions 68,435.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 33,940.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 68,435.00 **Expenditures Made Expenditure Limit Summary for State Candidates** \$ 8,050.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 8,050.00 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 8,050.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B. add 33,940.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 5,050.00 Column A may be negative 270,862.83 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ _____

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19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

Schedule Monetary	Ionetary Contributions Received		Amounte may be rounded			Statement cove	C.F		CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through <u>12/31/20</u>	021	Page	4 of9			
NAME OF FILER	THE ON THE VEHICLE					I.D. NU	JMBER			
California 2	Association of Professional Employees PAC (CAPE P.	AC)				76135	51			
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 CALENDAR N (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)			
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			SUBTOTAL	\$ 0.00						
1. Amount r	e A Summary received this period – itemized monetary contributions. all Schedule A subtotals.)		\$	0.00	IND					
3. Total mor	received this period – unitemized monetary contribution netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Coli				PT	H – Òthe Y – Politic	r (e.g., business entity)			

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Schedul Nonmon	le C netary Contributions Received	,	Amounts may be rounded to whole dollars.	Γ	Sta	itement covers pe	eriod	CALIFO	SCHEDULE C
			to whole domain.		from_	07/01/202	11	FOR	
SEE INSTRUC	TIONS ON REVERSE				through	jh12/31/202	21	Page	5 of9
NAME OF FILE								I.D. NUMBE	
California	a Association of Professional Employees P	PAC (CAPE PAC	:)					761351	
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)	DESCRIPTION O GOODS OR SERVIO		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDAI (JAN 1 - D	TE IR YEAR	PER ELECTION TO DATE (IF REQUIRED)
07/06/2021	California Association of Professional Employees Pasadena, CA 91107	□IND □COM ☑OTH □PTY □SCC		Legal and Reporting Servi	ices	504.01 Memo	1	6,146.95	
08/02/2021	California Association of Professional Employees Pasadena, CA 91107	□IND □COM ☑OTH □PTY □SCC		Legal and Reporting Servi	ices	227.90 Memo		6,146.95	
09/07/2021	California Association of Professional Employees Pasadena, CA 91107	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Legal and Reporting Serv	ices	792.84 Memo		6,146.95	
10/11/2021	California Association of Professional Employees Pasadena, CA 91107	□IND □COM ☑OTH □PTY □SCC		Legal and Reporting Serv	rices	226.00 Memo	1	6,146.95	
Attach ac	dditional information on appropriately label	led continuat	tion sheets.	SUBTO	TAL \$	0.00			
Sahadu	la C Summani								
1. Amount	le C Summary It received this period – itemized nonmonetary e all Schedule C subtotals.)				\$	0.0	IND-	ntributor Cod Individual Recipient	
	at received this period — unitemized nonmonet conmonetary contributions received this period.	•	ons of less than \$100		\$	0.0	PTY	l – Other (e. ′ – Political P	.g., business entity)

0.00

Schedule C (Continuation Sheet) SCHEDULE C (CONT.) Amounts may be rounded **Nonmonetary Contributions Received** Statement covers period to whole dollars. **CALIFORNIA FORM** 07/01/2021 from through 12/31/2021 Page __6__ of __9.___ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER California Association of Professional Employees PAC (CAPE PAC) 761351 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TODATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) 11/01/2021 California Association of Professional Legal and 317.96 6,146.95 □IND Employees Reporting Services Memo X OTH Pasadena, CA 91107 □ PTY SCC 11/16/2021 California Association of Professional Legal and 203.96 6,146.95 Employees Reporting Services Memo COM Pasadena, CA 91107 X OTH □PTY □SCC 12/17/2021 California Association of Professional Legal and 351.16 6,146.95 Employees Reporting Services Memo □ COM X OTH Pasadena, CA 91107 \square PTY □ SCC COM □OTH \square PTY

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

□IND
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Supportir	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole do		Statement covers period from07/01/2021		ALIFORNIA 460 FORM
	ONS ON REVERSE			through		age7 of9
NAME OF FILER California	Association of Professional Employees PAC (CAP	E PAC)				0. NUMBER 61351
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO CALENDAR YE. (JAN. 1 - DEC. 31	AR TO DATE
11/24/2021	Committee for Stronger and Safer Neighborhoods-Supervisor Janice Hahn Ballot Measure Committee X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		5,000.00	5,00	0.00
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				,
		·	SUBTOTAL	\$ 5,000.00		
	e D Summary		(Inches all October 2012)	,		.
	tions and independent expenditures made this perio		•	•		
2. Unitemiz	ed contributions and independent expenditures mad	e this period of und	ler \$100			\$0.00

Schedule E Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from07/01/2021	FORM TOO
through12/31/2021	Page8 of9
	I.D. NUMBER
	761351

SEE INSTRUCTIONS ON REVERSE NAME OF FILER California Association of Professional Employees PAC (CAPE PAC)

CODES: If one of the following codes accurately describes the particle of the following campaign consultants of the following campaign codes accurately describes the particle of the following campaign consultants of the following campaign consultants of the following campaign consultants of the following campaign codes accurately describes the particle of the following campaign codes accurately describes the particle of the following campaign consultants of the following campaign con	member comi meetings and office expens petition circul phone banks polling and s postage, deli	munications d appearant ses lating survey rese very and n	s aces	RAD RFD SAL TEL TRC TRS TSF VOT	escribe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and me transfer between committees of the voter registration information technology costs (intern-	eals e same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT	AMOUNT PAID
Committee for Stronger and Safer Neighborhoods - Supervisor Ja Ballot Measure Committee (ID# 1399573)	anice Hahn	СТВ				5,000.00
Long Beach, CA 90807				· 		

* Payments that are contributions or independent expenditures must also be sur	nmarized on S	chedule D.	SUBTOTAL\$	5,000.00

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	5,000.00
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.)	5,050.00

Additional Comments For Form 460

ADDITIONAL COMMENTS				
CALIFORNIA FORM			460	
Page	9	of	9	
I.D. NUM	BER 761351			

NAME OF FILER
California Association of Professional Employees PAC (CAPE PAC)

Schedule A - California Association of Professional Employees, contributions.

Pasadena, CA 91107, is the intermediary for all