

**Major Donor and
Independent Expenditure Committee
Campaign Statement**

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LOS ANGELES COUNTY
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CAMPAIGN FINANCE

CALIFORNIA FORM **461**

Page _____ of _____
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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7-1-2020
through 12-31-2020

Date of election if applicable: 2020
(Month, Day, Year)
November 3, 2020

1. Name and Address of Filer

NAME OF FILER
Brian J. Tucker

RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)

CITY West Hills STATE CA ZIP CODE 91307

RESPONSIBLE OFFICER (If filer is other than an individual)
AREA CODE/DAYTIME PHONE
760-880-2696

3. Summary

(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.)..... \$ 200,000.⁰⁰

2. Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0

3. Total expenditures and contributions made this period. (Add Lines 1 + 2.)..... SUBTOTAL \$ 200,000.⁰⁰

4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.)..... \$ 0

5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)..... TOTAL \$ 200,000.⁰⁰

2. Nature and Interests of Filer (Complete each applicable section.)

A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS retired BUSINESS INTERESTS _____

ADDRESS OF EMPLOYER/BUSINESS _____

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that _____.

Executed on 3-12-2021 By _____
DATE RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

Amendment (Explain): _____

Original

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5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
September 8, 2020	Imagine Justice PAC Sponsored by Service Employees International Union Local 99	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		George Gascon L.A. County District Attorney <input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$200,000 ⁰⁰	\$200,000 ⁰⁰
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
SUBTOTAL \$						200,000 ⁰⁰