				COVER PAG
Recipient Committee Campaign Statement Cover Page	Report # 202423-10		Date Stamp	CALIFORNIA 460
	Statement covers period	Date of election if applicable:		Page1_ of18
		(Month, Day, Year)		For Official Use Only
	from 09/25/2024			MORENO VALLED
EE INSTRUCTIONS ON REVERSE	through 10/22/2024	11/05/2024		MORENO VALLEY ('24 GCT 24 end
. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		•
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	Spermination)	arterly Statement ecial Odd-Year Report
. Committee Information	D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		- - 4
		Camila Quino		
Justin Jackson (Justin Jackson For Moreno Valle	ey City Council District 3)	MAILING ADDRESS		
,				
STREET ADDRESS (NO P.O. BOX)	*	CITY	STATE ZIP	CODE AREA CODE/PHONE
		Moreno Valley	CA 92	553
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		
Moreno Valley CA 925	53			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO.		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
. Verification				
I have used all reasonable diligence in preparing and review	ng this statement and to the best of my kn	owledge the information contained	herein and in the attached so	chedules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and co	orrect.		
Executed on 10/22/2024	Ву _			
Date	By =	ature of Treasurer or Assistant 7	Treasurer	
Executed on 10/22/2024	By _	Condidate State Manager	ponent or Responsible Officer of Spor	
Date		, Candidate, State Measure Pro	ponent or Responsible Officer of Spor	1501
Executed on	By _	illing Officeholder, Candidate, St	tate Measure Proponent	
Executed on	Ву			
Date	Sign	nature of Controlling Officeholder, Candidate, St	tate Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM 400
2 18
Page 2 of 18

Officeholder or Candidate Controlled Commi	ittee	(6. Primarily Formed Ballot	Measure Committe	e	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Justin Jackson						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICA	ABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Moreno Valley City Council District 3						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE CA	2IP 92553	Identify the controlling officel	nolder, candidate, or state	e measure prop	oonent, if any.
Related Committees Not Included in this Sta	tement: Listany con	nmittees	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to		OFFICE SOUGHT OR HELD		DISTRICT NO.	. IF ANY
NAME OF TREASURER	CONTROLLED COMMI	TTEE?	7. Primarily Formed Candi officeholder(s) or candidate(s) i	idate/Officeholder Cofor which this committee is	ommittee Li	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C		DE/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMIT		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C		DE/PHONE	Attac	h continuation sheets if r	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAG Statement covers period CALIFORNIA from 09/25/2024 FORM 3 Page_

through 10/22/2024 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Justin Jackson

Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
. Monetary Contributions	\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made Payments Made Loans Made Schedule E, Line 4 Loans Made Schedule H, Line 3 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment Schedule C, Line 3 1. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0	\$ 23,880.24 0 \$ 23,880.24 0 0 23,880.24	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
2. Beginning Cash Balance	14,595 0 13,076.99 \$ 3,639.12	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	*Amounts in this section may be different from amounts reported in Column B.
8. Cash Equivalents and Outstanding Debts 9. Outstanding Debts	\$0 \$10,500	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.g

chedule A lonetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 09/25/2024 CALIFORNIA FORM FORM 10/22/2024 18

				from _09/25/2024		FORM		
E INSTRUCTION	ONS ON REVERSE			through	2/2024	Page	_4of18	
ME OF FILER Justin Jacks				4		I.D. NU	JMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/17/2024	Alton Garrett San Bernardino, CA 92411	VIND □ COM □ OTH □ PTY □ SCC	Unemployed	\$250	\$250			
10/09/2024	Edna Thompson Carson, CA 90746	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Unemployed	\$200	\$300			
10/09/2024	Karlton Levias Los Angeles, CA 91601	I√IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	\$500	\$500			
10/05/2024	Kara Williams Federal Way, WA 98023	✓IND □ COM □ OTH □ PTY □ SCC	Consultant - Kara Williams Consulting (Self-Employed)	\$250	\$250			
09/272024	Justin Jackson-Moreno Valley CA 92555	☑IND □COM □OTH □PTY □SCC	Press Secretary BlueGreen Alliance	\$2,500	\$21,140			
			SUBTOTAL \$	3,700		diei.		
Amount re (Include al Amount re	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)		\$	3,850 245	IND COM- OTH - PTY -	other) Other (Politica	al ent Committee than PTY or SCC) e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$	4,095		FPP	C Form 460 (Jan/2016	

FPPC Advice: advice@fppc.ca.gov (866/275-377; www.fppc.ca.gc

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CON CALIFORNIA Statement covers period **FORM** 9/25/2024 from through 10/22/2024

I.D. NUMBER

ME	OF	FIL	ER	

Justin Jackson CUMULATIVE TO DATE AMOUNT PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CONTRIBUTOR CODE (IF SELF-EMPLOYED, ENTER NAME) RECEIVED PERIOD (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) (JAN. 1 - DEC. 31) **✓** IND State Policy Maya Gillett COM Manager - Non \$50 \$300 OTH 10/02/2024 Profit BlueGreen Seattle, WA 98144 PTY Alliance SCC VIND Derek D Jones School Safety Officer COM 10/17/2024 _akewood Long Beach Unified \$100 \$100 OTH CA 90713 School District PTY scc Сом OTH PTY SCC СОМ OTH PTY SCC IND □ COM OTH PTY SCC SUBTOTAL \$ 150

*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

ichedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

		SCHEDULE	A (CON
Stat	ement covers period	CALIFORNIA	160
from	09/25/2024	FORM	TU
throu	igh_10/22/2024	Page 6 of	18
		I.D. NUMBER	

AME OF FILER Justin Jacks	son		-		I.D	. NUMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
-			SUBTOTAL \$			

*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 B – Part 1 Loans Received	An	nounts may be ro to whole dollar			Statement cov from 09/25/2024	vers period	california 460		
SEE INSTRUCTIONS ON REVERSE					through 10/22/20	24	7 Page	of 18	
NAME OF FILER							I.D. NUMBER		
Justin Jackson									
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIO TO DATE	
Justin Jackson Moreno Valley	Press Secretary			PAID 5 0	s_10,500	15.99%	\$_10,500	10,500	
CA 92555	BlueGreen Alliance	0	10,500	FORGIVEN 5		0 \$	10/11/2024	PER ELECTION 10,500	
VIND □ COM □ OTH □ PTY □ SCC				OND	DATE DUE		DATE INCURRED	CALENDAR YEA	
				\$ FORGIVEN	\$	RATE %	\$	\$PER ELECTION	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s ::	\$	s	DATE DUE	\$	DATE INCURRED	\$	
				PAID				CALENDAR YEA	
				\$	•	RATE	\$	PER ELECTION	
ND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s	
-	\$	SUBTOTALS		\$	\$	\$			
Schedule B Summary Loans received this period				\$ 10,	500	(Enter (e) on Schedu	I ule E, Line 3)		
(Total Column (b) plus unitemized loan Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha Net change this period. (Subtract Line Enter the net here and on the Summar	or less than \$100.) Opaid or forgiven.) t are also itemized on Sche 2 from Line 1.)	edule A.)		\$ 0 .NET \$ 10,6		IN CC	Contributor Codes D – Individual DM – Recipient Co (other than F TH – Other (e.g., t Y – Political Partic C – Small Contril	ommittee PTY or SCC) business entity)	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Amounts may be rounded

SCHEDULE B - PART

FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377: www.fppc.ca.gc

		American be recorded				SCH	<i>I</i> EDULE	
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.				CALIIO	ALIFORNIA FORM	
SEE INSTRUCTIONS ON REVERSE				through	10/22/2024	Page S		
NAME OF FILER Justin Jackson						I.D. NUMBE	R	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BA OUT:	
None	□IND □COM □OTH □PTY □SCC	None	LENDER DATE		0	\$ PER ELECTION (IF REQUIRED)	0	
None	□IND □COM □OTH □PTY □SCC	None	DATE		0	\$PER ELECTION (IF REQUIRED)	0	
None	☐IND ☐COM ☐OTH ☐PTY	None	LENDER		0	\$ PER ELECTION (IF REQUIRED)	0	

None

□ COM

OTH

□ PTY SCC None

CALENDAR YEAR

PER ELECTION (IF REQUIRED)

Enter on Summary Page, Line 17 only,

LENDER

DATE

SUBTOTAL \$

0

0

SCHEDULE B - PART

BALANCE OUTSTANDING TO DATE

0

3chedule C Amounts may be rounded SCHEDULE to whole dollars. **Jonmonetary Contributions Received** Statement covers period CALIFORNIA from _09/25/2024 **FORM** EE INSTRUCTIONS ON REVERSE AME OF FILER I.D. NUMBER ustin Jackson IF AN INDIVIDUAL, ENTER CUMULATIVE TO PER ELECTION AMOUNT/ FULL NAME, STREET ADDRESS AND CONTRIBUTOR OCCUPATION AND EMPLOYER **DESCRIPTION OF** DATE DATE TO DATE FAIR MARKET ZIP CODE OF CONTRIBUTOR RECEIVED CODE* GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER (IF REQUIRED) VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) 0 0 COM □отн PTY SCC 0 0 COM OTH PTY SCC IND 0 0 COM OTH PTY SCC IND 0 COM OTH PTY SCC 0 **SUBTOTAL \$** Attach additional information on appropriately labeled continuation sheets.

ichedule C Summary

Amount received this period – itemized nonmonetary contributions.

. Total nonmonetary contributions received this period.

(Include all Schedule C subtotals.).....\$

Amount received this period – unitemized nonmonetary contributions of less than \$100\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377: www.fppc.ca.gc

*Contributor Codes IND – Individual

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

0

	tes, Measures and Committees			through 10/22/2024		Page	11 of 18
ME OF FILE ustin Jack						I.D. NUM	BER
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 T CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTIO TO DATE (IF REQUIRED)
		Monetary Contribution		0	0		
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution		0	0		
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution		0	0		
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$ 0		18.5	1 1 1 2 1
shodula	D Summary	Expenditure	SUBTOTAL	\$ 0			

3chedule D **Continuation Sheet)** Amounts may be rounded SCHEDULE D (CON) to whole dollars. Statement covers period **Summary of Expenditures** CALIFORNIA **Supporting/Opposing Other FORM** from 09/25/2024 **Candidates, Measures and Committees** 12 through _10//22/2024 Page_ AME OF FILER I.D. NUMBER Justin Jackson CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR AMOUNT THIS DESCRIPTION TO DATE DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR (#F REQUIRED) PERIOD OR COMMITTEE (JAN, 1 - DEC, 31) (IF REQUIRED) ☐ Monetary 0 0 Contribution ☐ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure ☐ Monetary 0 0 Contribution ☐ Nonmonetary Contribution ☐ Independent Oppose ■ Support Expenditure ☐ Monetary 0 0 Contribution ■ Nonmonetary Contribution Independent ■ Support Oppose Expenditure ☐ Monetary 0 0 Contribution □ Nonmonetary Contribution Independent ■ Support Oppose Expenditure

SUBTOTAL \$

3chedule E

Amounts may be rounded to whole dollars.

SCHEDULI Statement covers period CALIFORNIA AGI

Payments Made	to whole d	onars.		from 09/25/2024	FC	ORM		+0
EE INSTRUCTIONS ON REVERSE AME OF FILER Justin Jackson				through <u>10/22/2024</u>	Page _		_ of _	18
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circus PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	nmunications d appearance ses lating urvey researd very and mes	s ch senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, TSF transfer between committee voter registration WEB information technology costs	duction cost nd meals and meals s of the san	ne cand	lidate/s	sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		А	MOUN	IT PAID
Campaign in a Box -Aph Consulting Llc 3513 Loosmore Street, Los Angeles CA 90065		CNS	Campaign Adviso	ors/ Consultants		2,50	0	
Campaign Deputy - 1st floor c/o lodgic 552 E Marke KY 40202	t St Louisville	СМР	Provided platform navigate donor er	n to optimize outreach and ngagement.		101.	61	
USPS - 23580 Alessandro Blvd Moreno Valley CA	92553	СМР	Purchase of PO	box		100)	
Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.	1	SU	BTOTAL \$	2,70	1.61	
ichedule E Summary								
. Itemized payments made this period. (Include all Schedule	e E subtotals.)		***************************************		\$	2,882.	55	
. Unitemized payments made this period of under \$100					\$	194.44		
. Total interest paid this period on loans. (Enter amount from	n Schedule B, Par	t 1, Colum	n (e).)		\$_	0		
. Total payments made this period. (Add Lines 1, 2, and 3. E	Enter here and on	the Summ	ary Page, Column A	, Line 6.) TO	TAL \$ _1	3,076.	99	

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CON'

	001120422 2 /0011
Statement covers period 09/25/2024 from	california 460
through <u>10/22/2024</u>	Page14of18
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Justin Jackson

ODE	S: If one of the following codes accurately describes	the	payment, yo	ou may e	ente	er the code.	Otherwise,	describe the payment.		
CNS CTB CVC FIL FND IND LEG	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG OFC PET PHO POL POS PRO	member com meetings and office expens petition circul phone banks polling and su postage, deliv professional s print ads	appearances ating urvey resea very and me	es rch	enger services	TRS TSF VOT	returned contributions campaign workers' salaries	ls eals e same	e candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OF	₹	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
	averaged Objects also and Mail			LIT	П	Mailana dan	lana arad farm			<i>F. F</i> 00

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D, NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Maverick Strategies and Mail 2300 N Pershing Dr Arlington, ¥ 22201	LIT	Mailers design and formatting	5,500
A to Z Printing Company Inc 4330 Van Buren Boulevard Riverside CA 92503	PRT	Printed Yard Signs and Large Banners	2,634.94
Christian Edwards Printing - 312 Nike Kinnick Dr, Adel, iA 5003	PRT	Postage expenses for mailers	1,796
Steven Garcia (Freelancer) Moreno Valley, CA	WEB	Second half of payment for creating and editing video to publicize	250

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

SUBTOTAL \$ 10,180.94

SC			

Schedule F

Amounts may be rounded to whole dollars.

CALIFORNIA / Statement covers period

Accrued Expenses (Unpaid Bills)			from 09/25/2024		FORM	
			through 10/22/202	24	page15 of18	
SEE INSTRUCTIONS ON REVERSE					age or	
NAME OF FILER				I.D	NUMBER	
Justin Jackson						
ODES: If one of the following codes accurately describe	es the payment, you may	enter the code. Other	nerwise, describe th	e payment.		
MP campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees ND fundraising events ID independent expenditure supporting/opposing others (explain)* EG legal defense T campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (PRT print ads	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave staff/spouse tra TSF transfer betwee VOT voter registration tech	s eals 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) (c) AMOUNT INCURRED THIS PERIOD THIS PERIOD (ALSO REPORT)		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
		0	0	О	0	
		0	0	0	0	
		0	0	0	0	
Payments that are contributions or independent expenditures must also be immarized on Schedule D.	SUBTOTALS	0 :	\$ 0 \$; 0	\$ 0	
ichedule F Summary Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)						
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 TOTAL						
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	er the difference here and			NET	\$ Naubo a pagativa sumbor	
				ı	May be a negative number FPPC Form 460 (Jan/2016	

chedule F Continuation Sheet) ccrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

	SCHEDULE F (CON
Statement covers period	CALIFORNIA 460
from 09/25/2024	FORM TOO
through 10/22/2024	Page 16 of 18
	I.D. NUMBER

ME OF FILER

Justin Jackson

ODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MP campaign paraphernalia/misc.

MBR member communications

NS campaign consultants

MTG meetings and appearances

MFD meetings and appearances

MFD meetings and appearances

MFD returned contributions

TB contribution (explain nonmonetary)*

OFC office expenses

SAL campaign workers' salaries

TB contribution (explain nonmonetary)*

OFC office expenses

SAL campaign workers' salaries

VC civic donations

PET petition circulating

TEL t.v. or cable airtime and production costs

 IL
 candidate filing/ballot fees
 PHO phone banks
 TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals

 ND
 fundraising events
 POL polling and survey research
 TRS staff/spouse travel, lodging, and meals

ID independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services
FRO professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor voter registration

EG legal defense PRO professional services (legal, accounting) VOT voter registration

T campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

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
	0	0	0	0	0
-		^	^	^	0
	0	0	0	0	0
	0	0	0	0	0
			O	Ü	Ů
:	0	0	0	0	0
	SUBTOTALS	5 0	\$ 0	\$ 0	\$ O

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** from 09/25/2024

Contractor (on Benan or This Committee)			
	through _10/22/2024	17 Page	of 18
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER		I.D. NUMBER	
Justin Jackson			

ODES: If one of the follow	ing codes accurately describes the	ne payment	, you may enter	the code.	Otherwise	, describe the payment.
MP campaign paraphernalia/misc.	MB	BR member of	communications		RAD	radio airtime and production costs
NS campaign consultants	MT	TG meetings	and appearances		RFD	returned contributions
TB contribution (explain nonmoneta	ary)* OF	FC office exp	enses		SAL	campaign workers' salaries
VC civic donations	PE	ET petition ci	rculating		TEL	t.v. or cable airtime and production costs
IL candidate filing/ballot fees	PH	HO phone bar	nks		TRC	candidate travel, lodging, and meals
ND fundraising events	PO	OL polling an	d survey research			staff/spouse travel, lodging, and meals
ID independent expenditure support			delivery and messen		TSF	transfer between committees of the same candidate/sponsor
EG legal defense	PR	RO profession	nal services (legal, ad	ccounting)		voter registration
IT campaign literature and mailing	s PR	RT print ads			WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
				0
				0
				 0
<u> </u>				0
				0

ttach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

							SCHEDULE			
Schedule H .oans Made to Others*		to whole dollars.				Statement covers period from 09/25/2024		CALIFORNIA 460		
EE INSTRUCTIONS ON REVERSE					through <u>10/22/202</u>	4	Page 18	of18_		
AME OF FILER							I.D. NUMBER			
Justin Jackson										
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER DCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENES THIS PERIOD	S BALANCE AT	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE		
		0 \$	ş <u>0</u>	PAID FORGIVEN PAID PAID FORGIVEN	\$ DATE DUE	**************************************	\$ DATE INCURRED	CALENDAR YEAR PER ELECTION CALENDAR YEAR PER ELECTION		
		\$	\$	\$	DATE DUE	5	DATE INCURRED	\$		
Loans that are contributions to another candidate or culso be summarized on Schedule D. Loans forgiven meported on Schedule E.	nust also be	SUBTOTALS	\$	\$	\$	\$ (Enter (e) on				
Chedule H Summary Loans made this period	f less than \$100.)ts of less than \$100.) om Line 1.)				\$ <u>0</u>	Schedule I, Line 3)		**If Required		

(May be a negative number)

ichedule I		Amounts may be rounded		SCHEDUL
fliscellaneous Increases to Cash		to whole dollars.	Statement covers period	CALIFORNIA 460
			from 09/25/2024	FORM 400
			through	Page of
EE INSTRUCTIONS ON REV	'ERSE			I.D. NUMBER
IAME OF FILER				I.D. NOWIDER
Justin Jackson				
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NOMBER)			
				0
				0
				0
				0
				0
Attach additional infor	rmation on appropriately labeled continuation sheets.		SUBTOTA	L\$ 0
Schedule I Summa	ary			
. Itemized increases to	to cash this period		\$ ⁰	_
) Uniterpized increase	es to cash of under \$100 this period		© 0	
Officernized increase	is to cash of under \$100 this period		Δ	
t. Total of all interest re	eceived this period on loans made to others. (Sche	edule H, Column (e).)	\$	_
I. Total miscellaneous	increases to cash this period. (Add Lines 1, 2, and	d 3. Enter here and on the	0	
Summary Page, Line	e 14.)		TOTAL \$	FPPC Form 460 (Jan/2016

FPPC Advice: advice@fppc.ca.gov (866/275-377.

www.fppc.ca.gc