					COVER PAG
Recipient Committee Campaign Statement Cover Page	REPORT # 202529-01		Date Stamp		california 460
	Statement covers period	Date of election if applicable:		- 1	Page1 of18
		(Month, Day, Year)		T	For Official Use Only
	from 10/23/2024	1			
EE INSTRUCTIONS ON REVERSE	through <u>01/29/2025</u>	11/05/2024			NORENO VALLEY GI 125 JAN 30 PH1
Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Riso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be This form is a combined for	ermination) elow)	Special	rly Statement I Odd-Year Report d termination statement.
. Committee Information	). NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
		Camila Quino			
Justin Jackson (Justin Jackson For Moreno Valle	ey City Council District 3)	MAILING ADDRESS 2	•		
ARGEST I BROSESS (N.O. B. O. B.O.)		CITY	ŜTATE	ZIP COD	E AREA CODE/PHONE
		Moreno Valley	CA	92553	3
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR			
Moreno Valley CA 9255	55				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(	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 reviewin	ng this statement and to the best of my k	nowledge the information contained	herein and in the attacl	hed sched	lules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and o	correct.			
Executed on 01/29/2025	By -				_
Date	-,	iture of Treasurer or Assistant	Treasurer		
Executed on 01/29/2025	By -	Candidate. State Measure Pro	ponent or Responsible Officer	of Sponsor	_
	Pro				
Executed onDate	By	gnature of Controlling Officeholder, Candidate, S	state Measure Proponent		
Executed onDate	BySin	gnature of Controlling Officeholder, Candidate, S	tate Measure Proponent		_
Date	0,	promise to the transfer of the transfer of the transfer of the			

### Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM 2 of 18

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	t Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Justin Jackson							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE	Ē)	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Moreno Valley City Council District 3							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI		ZIP 2553	Identify the controlling officel	holder, candid	late, or state mea	sure prope	onent, if any.
		-24)	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your canditudes.	are primarily formed to receiv		OFFICE SOUGHT OR HELD		DIS	TRICT NO.	IF ANY
NAME OF TREASURER	CONTROLLED COMMITTEE	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this o	eholder Comm	nittee Lis arily formed	it names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO		HONE	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	_	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEES  VES NO	?	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO		HONE	Attac	h continuation	n sheets if neces.	sary	-

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA | 460 | FORM | 10/23/2024 | Through | 01/29/2025 | Page | 3 | of | 18 | 1.D. NUMBER

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

www.fppc.ca.gc

SEE INSTRUCTIONS ON REVERSE	
OLL MOTROOTIONS ON REVERSE	

NAME OF FILER

Justin Jackson

Contributions Received  Monetary Contributions	**Eolumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  **15,775.73  (10,500)  **5,275.73  0  **5,275.73	\$ 32,795.09  \$ 32,795.09  0 32,795.09  0 32,795.09	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  Payments Made	\$ 8,914.85 0 8,914.85 0 0 0 8,914.85	\$ 32,795.09 0 \$ 32,795.09 0 0 0 \$ 32,795.09	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)
Column A, Line 3 above 4. Miscellaneous Increases to Cash Column A, Line 3 above 5. Cash Payments Column A, Line 8 above 6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  7. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents Add Lines 2 + Line 9 in Column B above  9. Outstanding Debts Add Line 2 + Line 9 in Column B above	0	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 Column B.

#### chedule A **Ionetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE Statement covers period CALIFORNIA from 10/23/2024 **FORM** 01/29/2025 through

**:E INSTRUCTIONS ON REVERSE** I.D. NUMBER ME OF FILER Justin Jackson

	FULL NAME, STREET ADDRESS AND ZIP CODE OF		IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO DATE	PER ELECTION
DATE	CONTRIBUTOR	CONTRIBUTOR	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR YEAR	TO DATE
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
10/23/2024	SAMUEL APPEL 3832 LINCOLN AVE, OAKLAND CA 94602	IND COM OTH PTY	Policy Advocate BLUEGREEN ALLIANCE	\$100	\$100	
10/24/2024 & 11/24/2024	KARINA VALDEZ 13071 PEPPERBUSH DR, MORENO VALLEY CA	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PRODUCT MANAGER AMAZON	\$500	\$500	-
10/28/2024& 11/02/2024& 11/24/2024	MAYA GILLETT 2811 16TH AVE S, SEATTLE WA	☐ COM ☐ COM ☐ OTH ☐ PTY ☐ SCC	UNEMPLOYED	\$200	\$350	
11/01/2024	ANDREA ALFARO 5279 FALKIRK AVE, RIVERSIDE CA	MIND □COM □OTH □PTY □SCC	UNEMPLOYED	\$25	\$100	
11/02/2024 & 12/02/2024	CHRIS CARBAJO 10385 SPARROW CT	☑IND □COM □OTH □PTY □SCC	AMAZON EMPLOYEE	\$50	\$125	
			SUBTOTAL \$	875	THE WAR	

chedule A Summary

Amount received this period - itemized monetary contributions. 15,327.14 (Include all Schedule A subtotals.) ......\$ 448.59 Amount received this period – unitemized monetary contributions of less than \$100 ......\$

PTY - Political Party SCC - Small Contributor Committee

COM - Recipient Committee

\*Contributor Codes IND - Individual

Total monetary contributions received this period.

15,775.73 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

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

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

## Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CON

Monetary Contributions Received		to whole		from 10/23	3/2024	california 460		
				through _01/29/2	2025	Page 6 of 18		
Justin Jackson	on					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 T CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/28/2024 11/04/2024 11/29/2024 12/12/2024	Justin Jackson-13605 Balsawood Ln Moreno Valley CA 92555	IND COM OTH SCC	Press Secretary BlueGreen Alliance	\$2,152.14	24,740.	14		
11/04/2024	Brandy Clark- 27224 Woodglen Ln, Moreno Valley, CA 92555	⊠IND □ COM □ OTH □ PTY □ SCC	Press Secretary blueGreen Alliance	200	200			
12/30/2024	Justin Jackson-13605 Balsawood Ln Moreno Valley CA 92555	NIND □ COM □ OTH □ PTY □ SCC	Press Secretary blueGreen Alliance	12,000 (Loan Forgiveness)	24,740.1	4		
12/02/2024	Frances Ricks- 28443 Grandview Dr. Moreno valley, CA 92555	ND □ COM □ OTH □ PTY □ SCC	Retired - Unemployed	100	100			
		□IND □ COM □ OTH						

PTY SCC

\*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

14,452.14

SUBTOTAL \$

	Λ rv	ounts may be ro	undod				SCHE	DULE B - PART
Schedule B – Part 1 Loans Received	All	to whole dollar			Statement cov period from 10/23		CALIFORM FORM	MA 460
SEE INSTRUCTIONS ON REVERSE					through <u>01/29/20</u>	25	7 Page	of18_
NAME OF FILER  Justin Jackson							I.D. NUMBER	
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	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTERES PAID THIS PERIOD	S AMOUNT OF	CUMULATIVE CONTRIBUTION TO DATE
Justin Jackson-13605 Balsawood Ln Moreno Valley	Press Secretary BlueGreen Alliance			PAID \$_0	s_0	O RATE	s_10,500	12,000
CA 92555  ✓IND □ COM □ OTH □ PTY □ SCC	BideOrech Alliano	10,500	1,500	\$ 12,000	DATE DUE	\$0	10/11/2024	per election \$ 12,000
THE COM COM CPT COM				PAID	\$	×	\$	CALENDAR YEAR
		8	\$	FORGIVEN \$	DATE DUS	RATE \$		PER ELECTION
IND COM OTH PTY SCC				PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
				FORGIVEN		RATE	-	PER ELECTION
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	s	SUBTOTALS \$	;	\$	\$	\$		
Schedule B Summary  Loans received this period				\$ 1,5	00	(Enter (e) on Sc	hedule E, Line 3)	
(Total Column (b) plus unitemized loan Loans paid or forgiven this period (Total Column (c) plus loans under \$10	s of less than \$100.)			12			†Contributor Codes IND – Individual COM – Recipient C	

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

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

\*\* If required.

(10,500)

(May be a negative number)

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

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

							SCHE	DULE B - PART
Schedule B – Part 2		Amounts may be rounded to whole dollars.			ment covers period	C	CALIFOR	
₋oan Guarantors				from <u>10/</u>	23/2024		FORM	700
EE INSTRUCTIONS ON REVERSE				through	01/29/2025		Page 9	of18
AME OF FILER							I.D. NUMBER	ł
Justin Jackson								
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		IULATIVE D DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CALE!	NDAR YEAR	
None	OTH PTY scc	None	DATE		0	PER ELECTION (IF REQUIRED)		0
	□IND	None LENDER DATE			CALEN	NDAR YEAR		
None	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE		0	PER ELECTION (IF REQUIRED)		0
	□IND		LENDER			CALEN	NDAR YEAR	
None	OTH PTY SCC	PTY		0		PER I	ELECTION EQUIRED)	0
	□IND	Nana	LENDER				IDAR YEAR	
None	□COM □OTH □PTY □SCC	TH TY			0	PER E	ELECTION EQUIRED)	0
			SUB	TOTAL	\$ 0	Sumn	nter on nary Page, a 17 only.	

#### 3chedule C Amounts may be rounded SCHEDULE to whole dollars. Statement covers period **Jonmonetary Contributions Received** CALIFORNIA from 10/23/2024 **FORM** through 01/29/2025 EE INSTRUCTIONS ON REVERSE AME OF FILER I.D. NUMBER ustin Jackson CUMULATIVE TO IF AN INDIVIDUAL, ENTER PER ELECTION AMOUNT/ FULL NAME, STREET ADDRESS AND **DESCRIPTION OF** DATE DATE CONTRIBUTOR OCCUPATION AND EMPLOYER TO DATE ZIP CODE OF CONTRIBUTOR FAIR MARKET CODE\* GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) (JAN 1 - DEC 31) IND 0 0 Псом OTH □ PTY SCC 0 0 COM OTH PTY SCC IND 0 0 COM OTH PTY SCC IND 0 0 COM OTH PTY SCC 0 Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ **Schedule C Summary** \*Contributor Codes IND - Individual

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;

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

SCC - Small Contributor Committee

COM - Recipient Committee

PTY - Political Party

0

0

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#### Schedule D SCHEDULE **Summary of Expenditures** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. Supporting/Opposing Other 10/23/2024 **FORM** from Candidates. Measures and Committees through 01/29/2025 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Justin Jackson CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS CALENDAR YEAR TO DATE DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ 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 Oppose ☐ Support Expenditure 0 SUBTOTAL \$ Schedule D Summary Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....

Schedule D
Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

				through 01/29/2025		Page	12 of18
AME OF FILER						I.D. NUM	BER
Justin Ja	ckson						
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		☐ Monetary Contribution ☐ Nonmonetary		0	0		
	☐ Support ☐ Oppose	Contribution Independent Expenditure					
		Monetary Contribution Nonmonetary		0	0		
	☐ Support ☐ Oppose	Contribution  Independent Expenditure					
		☐ Monetary Contribution ☐ Nonmonetary Contribution		0	0		
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution		0	0		
		Nonmonetary Contribution Independent					
	Support Dppose	Expenditure					
			SUBTOTAL	0			

#### Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers	CALIFORNIA 160
period from 10/23/2024	FORM 400
through <u>01/29/2025</u>	Page 13 of 18
	I.D. NUMBER

EE INSTRUCTIONS ON REVERSE

AME OF FILER

Justin Jackson

ODES:	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
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL		PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
,	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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Campaign in a Box -Aph Consulting Llc 3513 Loosmore Street, Los Angeles CA 90065	CNS	Campaign Advisors/ Consultants	2,050
FACEBOOK ADS- 1 HACKER WAY, MENLO PARK, CA 94025	PRT	Provided facebook ads to optimize outreach and navigate donor engagement.	400
FACEBOOK ADS- 1 HACKER WAY, MENLO PARK, CA 94025	PRT	- refunded -Provided facebook ads to optimize outreach and navigate donor engagement.	(160)

Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 2,290

#### ichedule E Summary

. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	3,030.06
. Unitemized payments made this period of under \$100	\$_	884.79
. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		0
Total payments made this period. (Add Lines 1, 2, and 3, Enter here and on the Summary Page, Column A, Line 6.)		

#### Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E (CON' Statement covers period **CALIFORNIA** 

I.D. NUMBER

10/23/2024 from

**FORM** 

through 01/29/2025

Page \_\_\_14\_\_ of \_

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Justin Jackson

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

MBR member communications radio airtime and production costs CMP campaign paraphernalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations phone banks TRC candidate travel, lodging, and meals candidate filing/ballot fees

TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF

independent expenditure supporting/opposing others (explain)\* IND LEG legal defense PRO professional services (legal, accounting) VOT voter registration

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

	br .		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT AI	AMOUNT PAID
SoCal Newspaper- 1771 S Lewis St, Anaheim, CA 92805	PRT	Socal Newspaper- to be placed on newspaper to increase outreach	500
Universe Digital - 855 Folsom St. Unit 125 San Francisco CA 94107	СМР	Voter Data 1,0	,081
A to Z Printing Company Inc 4330 Van Buren Boulevard Riverside CA 92503	PRT	Campaign Stickers 734	34.06
Campaign Deputy - 1st floor c/o lodgic 552 E Market St Louisville KY 40202	СМР	Provided platform to optimize outreach and navigate donor engagement.	50
Justin Jackson-13605 Balsawood Ln Moreno Valley CA 92555	RFD	Refund due to accidental over deposit	450

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

**SUBTOTAL \$ 3,915.06** 

#### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars. Statement covers period 10/23/2024 from FORM FORM

I.D. NUMBER

through 01/29/2025

ge 14 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Justin Jackson

:ODES: 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 meetings and appearances 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

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

UT composing literature and mailings

PRT print adds

WEB information technology costs

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	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Gabrielle Gorman - 7070 Franklin Avenue, Los Angeles, CA 90028	CNS	Social Media Consultant	300
Valery Mendoza - 4635 Stoner Ave, Culver City, CA, 902230	CNS	Volunteer Coordinator/ Campaign Consultant	250
Evan Smoller- 14548 Otsego Street, Sherman oaks, CA 91403	CNS	Endorsment Coordinator Consultant	125
Alicia Sanche- 43100 Palm Royale Dr,La Quinta 92553	CNS	Social Media Consultant	200
Elise McCellabd - 1624 Flat River Dr. Charlotte, NC 28262	CNS	Campaign Manager Consultant	550

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

**SUBTOTAL \$ 1,425** 

# Schedule E

Amounts may be rounded

SCHEDULE E (CON'

Continuation Sheet) Payments Made	to whole do			Statement covers period 10/23/2024 from		california 460	
EE INSTRUCTIONS ON REVERSE				through01/29/25	Page _	14 of 18	
AME OF FILER Justin Jackson					I.D. NUM		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and st POS postage, deliv PRO professional st PRT print ads	munications I appearanc es ating urvey reseal very and me	es rch essenger services	rwise, describe the paymer  RAD radio airtime and producti  RFD returned contributions  SAL campaign workers' salarie  TEL t.v. or cable airtime and pr  TRC candidate travel, lodging,  TRS staff/spouse travel, lodgin  TSF transfer between committ  VOT voter registration  WEB information technology co	ion costs  s  roduction costs  and meals  g, and meals  ees of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID	
Matar Gueye- 8006 Murray Hill Drive Fort Was Maryland 20744	hington,	CNS	Email Coordin	nator Consultant		100	
Camila Quino - 24800 Eucalyptus Ave, Moren 92553	no valley , CA	CNS	Treasurer/ Final	ncial Consultant		300	

S			

Schedule F Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement cov perio <u>d from 10/2</u>	ers 3/2024	FORM 460	
			through 01/29/202	25	Page 15 of 18
SEE INSTRUCTIONS ON REVERSE					
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. Oth	nerwise, describe th	ne payment.	
MP campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations LL candidate filing/ballot fees ND fundraising events	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese	nces	RAD radio airtime a RFD returned contr SAL campaign worl TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr	ibutions kers' salaries rtime and producti el, lodging, and m	ion costs neals
ID independent expenditure supporting/opposing others (explain)*  EG legal defense  Campaign literature and mailings	POS postage, delivery and r PRO professional services ( PRT print ads	nessenger services	TSF transfer betwe VOT voter registrati WEB information ted	en committees of on	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 PA THIS PERIC (ALSO REPORT)	OD BALANCE AT CLOSE
		0	0	0	0
		0	0	0	0
		0	0	0	0
Payments that are contributions or independent expenditures must also be unmarized on Schedule D.	SUBTOTALS	0 :	<b>\$</b> 0	0	\$ 0
Schedule F Summary					
. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) sul accrued expenses under S	ototals for §100.)	INCU	RRED TOTAL	LS \$
. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		. PAID TOTAI	LS \$
. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and			NI	ET \$ 0 May be a negative number

chedule F	
Continuation Sheet)	
ccrued Expenses (Unpaid Bills	)

Amounts may be rounded to whole dollars.

	SCHEDULE F (CON
Statement covers	CALIFORNIA 160
period f <u>rom 10/23/2024</u>	FORM TO
through <u>01/29/2025</u>	Page 16 of 18
	I.D. NUMBER

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. NS campaign consultants

TB contribution (explain nonmonetary)\*

VC civic donations

ME OF FILER

candidate filing/ballot fees

ND fundraising events

independent expenditure supporting/opposing others (explain)\* 1D

ΞG legal defense

ΙT campaign literature and mailings 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)

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	0	0	0	0
	SUBTOTALS	<b>\$</b> 0	<b>\$</b> 0	<b>\$</b> 0	<b>\$</b> 0

## Schedule G Payments Made by an Agent or Independent

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 10/22/2024

Contractor (on Behalf of This Committee)	to whole donais.	from 10/23/2024	FORM	
SEE INSTRUCTIONS ON REVERSE		through 01/29/2025	17 Page	of18
NAME OF FILER		J.	I.D. NUMBER	
Justin Jackson				

:00	DES: If one of the following codes accurately of	describes the	payment, you may enter the code.	Otherwise	, describe the payment.
MP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
NS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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	TRÇ	candidate travel, lodging, and meals
ND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
1D	independent expenditure supporting/opposing others (expla	in)* POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
ΞG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ΙT	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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	ÖR	DESCRIPTION OF PAYMENT	AMOUNT PAID
				0
				0
				0
				0
		1		

ttach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0

								SCHEDULE
chedule H oans Made to Others*	Amounts may be rounded to whole dollars.			Statement cover period from 10/23/20		CALIFORNIA 460		
EE INSTRUCTIONS ON REVERSE					through <u>01/29/202</u>	5	Page 18	of18_
AME OF FILER Justin Jackson							I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER CCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b)  AMOUNT LOANED THIS PERIOD	(c) REPAYMENT ( FORGIVENES THIS PERIO	S   CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		s	s	PAID  \$  FORGIVEN  \$	\$DATE DUE	% RATE	S	\$ PER ELECTION*
		s <u>O</u>	\$ <u>0</u>	PAID  FORGIVEN  S	\$DATE DUE	% RATE	\$DATE INCURRED	\$PER ELECTION \$
	ins that are contributions to another candidate or committee must be summarized on Schedule D. Loans forgiven must also be red on Schedule E.  SUBTOTALS \$ \$ \$							
chedule H Summary						(Enter (e) on Schedule I, Line 3)		
Loans made this period	f less than \$100.)  its of less than \$100.)  om Line 1.)				\$ <u>0</u>			**If Required
	om Line 1.)				NET \$			

(May be a negative number)

iscellaneous Ir	ocreases to Cash	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 46 FORM Page of
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
				0
				0
				0
				0
				0
Attach additional info	rmation on appropriately labeled continuation sheet		SUBTOTAL	_\$ 0
. Itemized increases to	ary to cash this period		\$ <sup>0</sup>	_
. Unitemized increase	es to cash of under \$100 this period		\$ <u>0</u>	THE STATE OF THE S
3. Total of all interest re	eceived this period on loans made to others. (	Schedule H, Column (e).)	\$ <u>0</u>	-

I. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

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