

**Recipient Committee
Campaign Statement
Cover Page**

Report # 202423-10

COVER PAGE

CALIFORNIA FORM **460**

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MORENO VALLEY CLERK
'24 OCT 24 AM 10:20

Statement covers period
 from 09/25/2024
 through 10/22/2024

Date of election if applicable:
 (Month, Day, Year)
11/05/2024

Date Stamp

SEE INSTRUCTIONS ON REVERSE

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
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

1. Committee Information

I.D. NUMBER _____

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Justin Jackson (Justin Jackson For Moreno Valley City Council District 3)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92553 _____

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Camila Quino

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92553 _____

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Verification

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

Executed on 10/22/2024 Date By _____ Signature of Treasurer or Assistant Treasurer

Executed on 10/22/2024 Date By _____ Signature of Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Justin Jackson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Moreno Valley City Council District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] CA 92553

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
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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
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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

Statement covers period
from 09/25/2024
through 10/22/2024

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Justin Jackson

I.D. NUMBER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ 4,095	\$ 17,019.36
Loans Received..... Schedule B, Line 3	10,500	10,500
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 14,595	\$ 27,519.36
Nonmonetary Contributions..... Schedule C, Line 3	0	0
TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 14,595	\$ 27,519.36

**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

	Column A	Column B
Payments Made..... Schedule E, Line 4	\$ 13,076.99	\$ 23,880.24
Loans Made..... Schedule H, Line 3	0	0
SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 13,076.99	\$ 23,880.24
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
0. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
1. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 13,076.99	\$ 23,880.24

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

2. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2,121.11
3. Cash Receipts..... Column A, Line 3 above	14,595
4. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
5. Cash Payments..... Column A, Line 8 above	13,076.99
6. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,639.12

If this is a termination statement, Line 16 must be zero.

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.

7. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

8. Cash Equivalents..... See instructions on reverse	\$ 0
9. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 10,500

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period
from 09/25/2024
through 10/22/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Justin Jackson

I.D. NUMBER

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)
10/17/2024	Alton Garrett [REDACTED] San Bernardino, CA 92411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed	\$250	\$250	
10/09/2024	Edna Thompson [REDACTED] Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed	\$200	\$300	
10/09/2024	Karlton Levias [REDACTED] Los Angeles, CA 91601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed	\$500	\$500	
10/05/2024	Kara Williams [REDACTED] Federal Way, WA 98023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant - Kara Williams Consulting (Self-Employed)	\$250	\$250	
09/27/2024	Justin Jackson-[REDACTED] Moreno Valley CA 92555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Press Secretary BlueGreen Alliance	\$2,500	\$21,140	
SUBTOTAL \$				3,700		

Schedule A Summary

Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 3,850

Amount received this period – unitemized monetary contributions of less than \$100\$ 245

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 4,095

*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 (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

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NAME OF FILER
Justin Jackson

I.D. NUMBER

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)
10/02/2024	Maya Gillett [REDACTED] Seattle, WA 98144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Policy Manager - Non Profit BlueGreen Alliance	\$50	\$300	
10/17/2024	Derek D Jones [REDACTED] Lakewood CA 90713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Safety Officer Long Beach Unified School District	\$100	\$100	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period from <u>09/25/2024</u> through <u>10/22/2024</u>	CALIFORNIA FORM 460
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NAME OF FILER
Justin Jackson

I.D. NUMBER

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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**

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2024
through 10/22/2024

SEE INSTRUCTIONS ON REVERSE

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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Justin Jackson [REDACTED] [REDACTED] Moreno Valley CA 92555 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Press Secretary BlueGreen Alliance	\$ 0	\$ 10,500	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 10,500 DATE DUE	15.99% RATE \$ 0	\$ 10,500 10/11/2024 DATE INCURRED	CALENDAR YEAR \$ 10,500 PER ELECTION† \$ 10,500
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	\$ _____ RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION† \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	\$ _____ RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION† \$ _____
SUBTOTALS \$		\$	\$	\$	\$	\$		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

Loans received this period \$ 10,500
(Total Column (b) plus unitemized loans of less than \$100.)
Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 10,500**
Enter the net here and on the Summary Page, Column A, Line 2.

†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

(May be a negative number)

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

** If required.

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/25/2024
through 10/22/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Justin Jackson

I.D. NUMBER

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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
None	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	LENDER _____ DATE _____	0	CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED) \$ _____	0
None	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	LENDER _____ DATE _____	0	CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED) \$ _____	0
None	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	LENDER _____ DATE _____	0	CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED) \$ _____	0
None	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	LENDER _____ DATE _____	0	CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED) \$ _____	0
SUBTOTAL				\$ 0	Enter on Summary Page, Line 17 only.	

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE

Statement covers period
 from 09/25/2024
 through 10/22/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Justin Jackson

I.D. NUMBER

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			0	0	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			0	0	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			0	0	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			0	0	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
 (Include all Schedule C subtotals.).....\$ 0

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0

3. Total nonmonetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** 0

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/25/2024
through 10/22/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Justin Jackson

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose		0	0	
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose		0	0	
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose		0	0	
SUBTOTAL \$				0		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0

2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL.. \$ 0**

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT)

Statement covers period
from 09/25/2024
through 10/22/2024

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NAME OF FILER

Justin Jackson

I.D. NUMBER

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		0	0	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		0	0	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		0	0	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		0	0	
SUBTOTAL \$				0		

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09/25/2024</u> through <u>10/22/2024</u>	SCHEDULE CALIFORNIA FORM 460 Page <u>13</u> of <u>18</u> I.D. NUMBER
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Justin Jackson

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 supporting/opposing others (explain)*	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 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	2,500
Campaign Deputy - 1st floor c/o lodgic 552 E Market St Louisville KY 40202	CMP	Provided platform to optimize outreach and navigate donor engagement.	101.61
USPS - 23580 Alessandro Blvd Moreno Valley CA 92553	CMP	Purchase of PO box	100

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

SUBTOTAL \$ 2,701.61

Schedule E Summary

. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 12,882.55
. Unitemized payments made this period of under \$100.....	\$ 194.44
. 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.).....	TOTAL \$ 13,076.99

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CON'

Statement covers period from <u>09/25/2024</u>	CALIFORNIA FORM 460
through <u>10/22/2024</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Justin Jackson

I.D. NUMBER

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
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 supporting/opposing others (explain)*	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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Maverick Strategies and Mail 2300 N Pershing Dr Arlington, VA 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

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09/25/2024</u> through <u>10/22/2024</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Justin Jackson

CODES: 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 | 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 | TRC candidate 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 | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| IT 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
		0	0	0	0
		0	0	0	0
		0	0	0	0
Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$ 0	\$ 0	\$ 0	\$ 0

Schedule 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.) **INCURRED TOTALS \$ 0**
- 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**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 0**

**Schedule F
Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

SCHEDULE F (CON

Statement covers period
from 09/25/2024
through 10/22/2024

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NAME OF FILER: Justin Jackson
I.D. NUMBER:

CODES: 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
- IL candidate filing/ballot fees
- ND fundraising events
- ID independent expenditure supporting/opposing others (explain)*
- EG legal defense
- IT 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		\$ 0	\$ 0	\$ 0	\$ 0

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

Amounts may be rounded to whole dollars.

Statement covers period
 from 09/25/2024
 through 10/22/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Justin Jackson

I.D. NUMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: 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 | 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 | TRC candidate 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 | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| IT 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	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
				0
				0
				0
				0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/25/2024
through 10/22/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Justin Jackson

I.D. NUMBER

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		0 \$ _____	0 \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION† \$ _____
		0 \$ _____	0 \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION† \$ _____
		SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____	

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

Loans made this period.....\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
Payments received on loans.....\$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

(May be a negative number)

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/25/2024
through 10/22/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Justin Jackson

I.D. NUMBER

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 information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule I Summary

1. Itemized increases to cash this period.	\$ 0
2. Unitemized increases to cash of under \$100 this period.	\$ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	\$ 0
TOTAL	\$ 0