

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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LOS ANGELES COUNTY
7/18/23
2023 JUL 20 PM 2:22

CALIFORNIA FORM 460

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For Official Use Only

CAMPAIGN FINANCE DISCLOSURE SECTION

<p style="text-align: center;">Statement covers period</p> <p>from <u>01/01/2023</u></p> <p>through <u>06/30/2023</u></p>	<p style="text-align: center;">Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;"><u>11/08/2022</u></p>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input checked="" type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i>
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. NUMBER
1448554

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Hamill for School Board 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Rolling Hills Estates</u>	<u>CA</u>	<u>90274</u>	<u>(714)540-2295</u>

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Ana</u>	<u>CA</u>	<u>92704</u>	

OPTIONAL: FAX / E-MAIL ADDRESS
lysaray.campaignservices@gmail.com

Treasurer(s)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Ana</u>	<u>CA</u>	<u>92704</u>	<u>(714)540-2295</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. 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 07/13/2023
Date

Executed on 07/13/2023
Date

Executed on _____
Date

Executed on _____
Date

By _____

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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
Julie Hamill

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
School Board PVPUSD

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Rancho Palos Verdes 90275

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 <u>01/01/2023</u> through <u>06/30/2023</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>8</u>
	I.D. NUMBER 1448554

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hamill for School Board 2022

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 2,500.00	\$ 2,500.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,500.00	\$ 2,500.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,500.00	\$ 2,500.00

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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 2,929.18	\$ 2,929.18
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2,929.18	\$ 2,929.18
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-2,052.67	900.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 876.51	\$ 3,829.18

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

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 370.73
13. Cash Receipts Column A, Line 3 above	2,500.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	58.45
15. Cash Payments Column A, Line 8 above	2,929.18
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

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.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 900.00

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2023
through 06/30/2023

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I.D. NUMBER
1448554

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hamill for School Board 2022

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)
02/21/2023	Hamill Law & Consultanting Palos Verdes Peninsula, CA 90274	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	G2022 \$2,600.00
		<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 \$				2,500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,500.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,500.00

***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 E
Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through	06/30/2023	Page <u>5</u> of <u>8</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hamill for School Board 2022

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 | PHD 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
Bank of America Wilmington, DE 19850	CMP		58.06
Bank of America Wilmington, DE 19850			99.00
Chase Card Carol Stream, IL 60197	CMP		203.62

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

SUBTOTAL \$ 360.68

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,839.35
2. Unitemized payments made this period of under \$100	\$ 89.83
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2,929.18

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

Amounts may be rounded
to whole dollars.

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through	05/30/2023	Page 6 of 8
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
Chase Card Carol Stream, IL 60197	CMP		2,052.67
Lysa Ray Campaign Services Santa Ana, CA 92704	PRO		300.00
Lysa Ray Campaign Services Santa Ana, CA 92704	PRO		126.00

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

SUBTOTAL \$ 2,478.67

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Hamill for School Board 2022

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	PHD 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 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
Chase Card Carol Stream, IL 60197	CMP	2,052.67	0.00	2,052.67	0.00
Julie Hamill Palos Verdes Peninsula, CA 90274	FIL	900.00	0.00	0.00	900.00
SUBTOTALS \$		2,952.67\$	0.00\$	2,052.67\$	900.00

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

Schedule F Summary

1. 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 \$	<u>0.00</u>
2. 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 \$	<u>2,052.67</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	<u>-2,052.67</u> <small>May be a negative number</small>

**Schedule I
Miscellaneous Increases to Cash**

SCHEDULE I

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2023
through 06/30/2023

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Hamill for School Board 2022

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ 0.00
2. Unitemized increases to cash of under \$100 this period.	\$ 58.45
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 58.45