



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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Jennifer Hall Lee

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
PUSD Trustee District 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Altadena CA 91001

**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?<br><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?<br><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<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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 |
|-----------------------|---------------------|

**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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

CLEAR FORM

PRINT FORM

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6/30/24</u> | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br>1461388     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Jennifer Hall Lee**

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ <u>5525.00</u>  | \$ <u>5525</u>                             |
| 2. Loans Received..... Schedule B, Line 3            | \$ <u>0</u>  | \$ <u>0</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ <u>5525.00</u>  | \$ <u>5525.00</u>                          |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ <u>350.00</u>   | \$ <u>350.00</u>                           |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>5875.00</u>  | \$ <u>5875.00</u>                          |

## 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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ <u>3935.49</u>  | \$ <u>3935.49</u>                          |
| 7. Loans Made..... Schedule H, Line 3                      | \$ <u>0</u>  | \$ <u>0</u>                                |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ <u>3935.49</u>  | \$ <u>3935.49</u>                          |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ <u>0</u>  | \$ <u>0</u>                                |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$ <u>350</u>  | \$ <u>350</u>                              |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ <u>3935.49</u>  | \$ <u>3935.49</u>                          |

## Expenditure Limit Summary for State Candidates

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| <u>1/1/</u>                    | \$ _____      |
| <u>1/1/</u>                    | \$ _____      |

## Current Cash Statement

|  |                   |
|--|-------------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ <u>100.00</u>  |
| 13. Cash Receipts..... Column A, Line 3 above                              | \$ <u>5525.00</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | \$ <u>0</u>       |
| 15. Cash Payments..... Column A, Line 8 above                              | \$ <u>3935.49</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>1689.51</u> |

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.

## Cash Equivalents and Outstanding Debts

|  |             |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2             | \$ <u>0</u> |
| 18. Cash Equivalents..... See instructions on reverse            | \$ <u>0</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ _____    |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA FORM 460</b>    |
| Page _____ of _____   | I.D. NUMBER<br><u>1461388</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Jennifer Hall Lee

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/20/24            | Elizabeth Pomeroy<br>Pasadena, CA 91104   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 1/21/24            | Jim Sanfilippo<br>Altadena, CA 91001  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br>Nila Inc.  | 25                          | 25   |                                       |
| 1/21/24            | Diane Marcussen<br>Pasadena, CA 91104   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 1/22/24            | Meredith Miller<br>Glendale, CA 91206   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Webster's Community<br>Pharmacy  | 25                          |  |                                       |
| 1/24/24            | Jean Buennagel<br>Altadena, CA 91001  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50                          |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>300</b>                  |  |                                       |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 5525.00

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

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 5525.00

\*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

CLEAR FORM

PRINT FORM

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |                     |                                |
|-------------------------|---------------------|--------------------------------|
| Statement covers period |                     | <b>CALIFORNIA<br/>FORM 460</b> |
| from _____              | Page _____ of _____ |                                |
| through _____           |                     | I.D. NUMBER _____              |

NAME OF FILER \_\_\_\_\_

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 1/24/24            | Lora Drogin<br>Altadena, CA 91001-3562  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 100                         |  |                                       |
| 1/24/24            | Daniel Harlow<br>Altadena, CA 91001   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Programmer, Self   | 100                         |  |                                       |
| 1/26/24            | Cynthia J. Kurtz<br>Pasadena, CA 91105  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            | Retired  | 100                         |  |                                       |
| 1/28/24            | Stephen Michael Woodward<br>West Yarmouth, MA 02673   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            | Retired  | 50                          |  |                                       |
| 1/28/24            | Michael Sweeney<br>Rolling Hills Estates, CA 90274  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            | Retired  | 100                         |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |  | 450                         |  |                                       |

\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

*Jennifer Hall Lee*

NAME OF FILER

Statement covers period  
from 1-1-24  
through 6-30-24

**CALIFORNIA  
FORM 460**

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

I.D. NUMBER  
1461388

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/30/24            | Maro Yacoubian<br>Glendale, CA 91206  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Self   | 500                         |   |                                    |
| 1/30/24            | Moses LaSabra<br>Oakland, CA 94611  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 100                         |   |                                    |
| 1/31/24            | Maureen Padilla<br>Glendale, CA 91202   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Accounting/Finance,<br>Warner Media  | 75                          |   |                                    |
| 2/2/24             | Tim Wendler<br>Pasadena, CA 91104   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Client Service Leader,<br>CDM Smith  | 95                          |   |                                    |
| 2/6/24             | Robert Gin<br>Monterrey Park, CA 91754  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 100                         |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |  | <b>870</b>                  |   |                                    |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA FORM 460</b>    |
| Page _____ of _____   | I.D. NUMBER<br><u>1461388</u> |

NAME OF FILER Jennifer Hall Lee

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/9/24             | Julie Parker<br>Altadena, CA 91001-3403   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 2/12/24            | James Behan<br>East Meadow, NY 11554  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Labor General Foreman<br>Local 731  | 1000                        |  |                                       |
| 2/21/24            | Jim Sanfilippo<br>Altadena, CA 91001  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br>Nila Inc.  | 25                          | 50   |                                       |
| 3/4/24             | Pamela Ross<br>St. Louis, MO 63105  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50                          |  |                                       |
| 4/3/24             | Tracey Van Houten<br>Pasadena, CA 91104   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Spacecraft Systems<br>Engineer, JPL   | 200                         |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 1375                        |  |                                       |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br><u>1461388</u>  |

NAME OF FILER

*Jennifer Hall Lee*

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 4/6/24             | Stella Green<br>Beverly Hills, CA 90210   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 30                          |   |                                    |
| 4/17/24            | Joanne Bamberger<br>Chevy Chase, MD 20815   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Self  | 100                         |   |                                    |
| 4/17/24            | Suzanne Madison<br>Pasadena, CA 91101   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant, Allegra   | 50                          |   |                                    |
| 5/8/24             | Jim Sanfilippo<br>Altadena, CA 91001  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br>Nila Inc.  | 25                          | 75  |                                    |
| 5/8/24             | Jim Sanfilippo<br>Altadena, CA 91001  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br>Nila Inc.  | 25                          | 100   |                                    |
| <b>SUBTOTAL \$</b> |   |   |   | 230                         |   |                                    |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 1-1-24  
through 6-30-24

**CALIFORNIA FORM 460**

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NAME OF FILER

*Jennifer Hall Lee*

I.D. NUMBER  
1461388

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 5/12/24            | Sehba Sarwar<br>South Pasadena, CA 91030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Writer   | 25                          |  |                                       |
| 5/21/24            | Colleen Dunn Bates<br>Altadena, CA 91001-3353   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 25                          |  |                                       |
| 5/22/24            | Wendy Silva<br>Altadena, CA 91001   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mortgage Broker, Self Employed   | 50                          |  |                                       |
| 5/24/24            | Jon Hainer<br>Altadena, CA 91001  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 250                         |  |                                       |
| 5/22/24            | Catherine Perry<br>Pasadena, CA 91105   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Founder, Inward Bound Programs   | 100                         |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |  | <b>450</b>                  |  |                                       |

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**CLEAR FORM**

**PRINT FORM**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br><u>1461388</u>  |

NAME OF FILER

*Jennifer Hall Lee*

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 5/22/24            | Katrina Cabrera Ortega<br>Pasadena, CA 91104  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | TV Writer, Self   | 300                         |  |                                       |
| 5/22/24            | Aubin Wilson<br>Pasadena, CA 91105  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant, Self  | 50                          |  |                                       |
| 5/23/24            | Patty Barajas Tavera<br>Pasadena, CA 91106  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50                          |  |                                       |
| 5/23/24            | Cynthia Kurtz<br>Pasadena, CA 91105   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager, One Arroyo Foundation  | 225                         |  |                                       |
| 5/25/24            | Patty Barajas Tavera<br>Pasadena, CA 91106  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50                          |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>675</b>                  |  |                                       |

\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br><u>1461388</u>  |

NAME OF FILER

*Jennifer Hall Lee*

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 5/26/24            | Anne Nowlin<br>Altadena, CA 91001   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50                          |  |                                       |
| 6/2/24             | Diane Marcussen<br>Pasadena, CA 91104   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6/10/24            | Molly Sharp<br>Pasadena, CA 91103   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Producer  | 25                          |  |                                       |
| 6/10/24            | Stephen Woodward<br>West Yarmouth, MA 02673   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50                          |  |                                       |
| 6/16/24            | Kenny Meyer<br>Altadena, CA 91001   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50                          |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>275</b>                  |  |                                       |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br><u>1461388</u>  |

NAME OF FILER

*Jennifer Hall Lee*

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/17/24            | Janet Braun<br>South Pasadena, CA 91030   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Self  | 250                         |  |                                       |
| 6/17/24            | Mark Mastromatteo<br>Pasadena, CA 91105   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6/21/24            | Jim Sanfilippo<br>Altadena, CA 91001  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br>Nila Inc.  | 25                          | 125  |                                       |
| 6/29/24            | Terry Tornek<br>Pasadena, CA<br>91106   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6/29/24            | Charlotte Bland<br>Pasadena, CA 91107   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales, Global   | 25                          |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 500                         |  |                                       |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br><u>1461388</u>  |

NAME OF FILER

*Jennifer Hall Lee*

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/29/24            | Marilyn and George Brumder<br>Pasadena, CA 91105  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6/29/24            | Veronica Jones<br>Altadena, CA 91001  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50                          |  |                                       |
| 6/30/24            | Barbi Ishida<br>Altadena, CA 91001  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teacher, RUSD   | 50                          |  |                                       |
| 6/30/24            | Daniel Harlow<br>Altadena, CA 91001   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Programmer, Harlow Technologies, Inc.   | 100                         |  |                                       |
| 6/30/24            | Meredith Miller<br>Glendale, CA 91206   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner, Webster's Community Pharmacy   | 50                          |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 350                         |  |                                       |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br><u>1461388</u>  |

NAME OF FILER

*Jennifer Hall Lee*

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 5/25/24            | Patty Barajas Tavera<br>Pasadena, CA 91106  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 50                          | 100  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |  | <b>50</b>                   |  |                                       |

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**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA FORM 460</b>    |
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NAME OF FILER

*Jennifer Hall Lee*

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 5/23/24       | Elisa Callow<br>Altadena, CA 91001   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | Food and beverages               | 250                       |   |                                    |
| 5/23/24       | Linda Wah<br>San Marino, CA 91108  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | Food and beverages               | 100                       |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 350**

**Schedule C Summary**

|   |                     |
|---|---------------------|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(Include all Schedule C subtotals.).....                                    | \$ 350              |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....  | \$ 0                |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | <b>TOTAL \$ 350</b> |

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 PTY – Political Party  
 SCC – Small Contributor Committee

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**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA FORM 460</b>    |
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|   | I.D. NUMBER<br><u>1461388</u> |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Jennifer Hall Lee*

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| MyDomain<br>Burlington, MA 01803                                    | WEB     | Domain Name            | 20.98       |
| Squarespace, Inc<br>New York, NY 10014                              | WEB     | Website hosting        | 23          |
| PDI<br>Long Beach, CA 90806   | CMP     | Field Use              | 700         |

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

**SUBTOTAL \$ 743.98**

**Schedule E Summary**

|  |                                |
|--|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ <u>3935.49</u>              |
| 2. Unitemized payments made this period of under \$100   | \$ <u>0</u>                    |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ <u>0</u>                    |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ <u>3935.49</u></b> |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|   | I.D. NUMBER<br><u>1461388</u>  |

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NAME OF FILER

*Jennifer Hall Lee*

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Squarespace, Inc<br>New York, NY 10014                              | WEB  |    | Website Hosting        | 12          |
| California Secretary of State<br>Sacramento, CA 95814               | FIL  |    | Candidate Filing       | 50          |
| Squarespace, Inc<br>New York, NY 10014                              | WEB  |    | Website Hosting        | 23          |
| PDI<br>Long Beach, CA 90806   | CMP  |    | Field Use              | 500         |
| Squarespace, Inc<br>New York, NY 10014                              | WEB  |    | Website Hosting        | 23          |

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

**SUBTOTAL \$ 608**

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www.fppc.ca.gov

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>1-1-24</u><br>through <u>6-30-24</u> | <b>CALIFORNIA FORM 460</b>    |
| Page _____ of _____   | I.D. NUMBER<br><u>1461388</u> |

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NAME OF FILER

*Jennifer Hall Lee*

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT           | AMOUNT PAID |
|---|---------|----------------------------------|-------------|
| Blue State Consulting<br>Pasadena, CA 91104                         | LIT     | Campaign Literature and mailings | 466.10      |
| Blue State Consulting<br>Pasadena, CA 91104                         | CNS     | Campaign Consultants             | 750         |
| LA County Registrar/Recorder<br>Norwalk, CA 90650                   | CMP     | Campaign paraphernalia/misc      | 54          |
| Squarespace, Inc<br>New York, NY 10014                              | WEB     | Website Hosting                  | 23          |
| Blue State Consulting<br>Pasadena, CA 91104                         | CNS     | Campaign Consultants             | 750         |

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**SUBTOTAL \$ 2,043.10**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period  
from 1-1-24  
through 6-30-24

**CALIFORNIA FORM 460**

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NAME OF FILER

*Jennifer Hall Lee*

I.D. NUMBER

*1461388*

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT      | AMOUNT PAID |
|---|---------|-----------------------------|-------------|
| Rough Edit Inc<br>Glendale, CA 91206                                | CMP     | Campaign paraphernalia/misc | 350         |
| Squarespace, Inc<br>New York, NY 10014                              | WEB     | Website Hosting             | 23          |
| Crowdpac<br>Democracy Engine LLC<br>Washington, DC 20001            | FND     | Fundraising Fees            | 167.41      |
|   |         |                             |             |
|   |         |                             |             |

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

**SUBTOTAL \$ 540.41**

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