

RECEIVED BY
LOS ANGELES COUNTY 10/27/22
EX

2022 OCT 28 AM 11:45
Data Stamp

COVER PAGE

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

CALIFORNIA
2001/02
FORM **460**

Page 1 of 5

For Official Use Only

Statement covers period
from 09/25/2022
Through 10/22/2022

Date of election if applicable:
(Month, Day, Year)
11/08/2022

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- 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

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. Number
1439969

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

LaVoice for Beverly Hills Unified School District Board 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Beverly Hills</u>	<u>CA</u>	<u>90211</u>	<u>619-698-4333</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>La Mesa</u>	<u>CA</u>	<u>91942</u>	<u>619-698-4333</u>

OPTIONAL: FAX / EMAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

William Baber

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>La Mesa</u>	<u>CA</u>	<u>91941</u>	<u>6196984333</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / EMAIL ADDRESS

wrbaw@flash.net

4. Verification

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

Executed on October 27, 2022

By _____

Executed on October 25, 2022

By _____

Executed on _____

By _____

Executed on _____

By _____

Executed on _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice:
advice@fppc.ca.gov
866/275-3772

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

Type or print in ink

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Janessa LaVoice

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Board Member, Beverly Hills Unified School District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Beverly Hills CA 90211

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled buy you or are primarily formed to receive contributions or make expenditures on behalf of*

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

Identify the controlling officeholder, candidate, or state measure proponent,

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed*

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/25/2022	
through	10/22/2022	Page <u>3</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER LaVoice for Beverly Hills Unified School District Board 2022

I.D. NUMBER
1439969

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A,	\$ 0.00	\$ 3,986.00
2. Loans Received Schedule B,	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Line 1	\$ 0.00	\$ 3,986.00
4. Nonmonetary Contributions Schedule C,	567.00	567.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3	\$ 567.00	\$ 4553.00

**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)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E,	\$ 253.00	\$ 2,567.22
7. Loans Made Schedule	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Line 6	\$ 253.00	\$ 2,567.22
9. Accrued Expenses (Unpaid Bills) Schedule F,	0.00	0
10. Nonmonetary Adjustment Schedule C,	567.00	567.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 +	\$ 820.00	\$ 3134.22

**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	\$ 2,003.03
13. Cash Receipts Column A, Line 3	0.00
14. Miscellaneous Increases to Cash Schedule I,	0.00
15. Cash Payments Column A, Line 8	253.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line	\$ 1,750.03
<i>If this is a termination statement, Line 16 must be zer</i>	

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 amounts

17. LOAN GUARANTEES RECEIVED Schedule B, \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B	\$ 00.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded

SCHEDULE C

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>5</u>
ID NUMBER 1439969	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LaVoice for Beverly Hills Unified School District Board 2022

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/2022	Nancie Brown Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Nancie Brown & Associates	Signs	\$567	\$2567	\$ \$2567

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule A subtotals.)

\$350.00

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

\$0.00

3. Total nonmonetary contributions received this period.

\$350.00

*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	09/25/2022	
through	10/22/2022	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
LaVoice for Beverly Hills Unified School District Board 2022		1439969

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LaVoice for Beverly Hills Unified School District Board 2022

I.D. NUMBER

1439969

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 campaigns 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
I360 LLC : Arlington, VA 22201	WEB		Data	\$200.00

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

SUBTOTAL \$ \$200.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals)	\$200.00
2. Unitemized payments made this period of under \$100	\$53.00
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 \$ \$253.00