		:	1/2:	3/23 10	COVERPAGE
Recipient Committee		Γ	Date Stamp		FORNIA 160
Campaign Statement					FORNIA 460
Cover Page			RECEI	VEDi	
Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:	LOS ANGEL	ES COUNT	Y ₁ of 11
	10/22/2022	(Month, Day, Year)			
-	from10/23/2022		2023 JAN 23	3 PM 3;25°	or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	11/08/2022	CAMPAIGN	102	134
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			112
O State Candidate Election Committee O Recall	Primarily Formed Ballot Measure Committee Controlled	Preelection Statement Semi-annual Statement Termination Statement	, · [Quarterly State Special Odd-Ye Supplemental F	ear Report
	Sponsored Also Complete Part 6)	(Also file a Form 410 Ter	,	Statement - Att	
General Purpose Committee	Primarily Formed Candidate/	Amendment (Explain be	low)		. /
O Small Contributor Committee	Officeholder Committee Also Complete Part 7)		L.		
3. Committee Information	D. NUMBER	Treasurer(s)			
	1448554				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Hamill for School Board 2022	·	NAME OF TREASURER			
HAMITI TOT SCHOOL BOATG 2022		Lysa Ray MAILING ADDRESS			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	· ·	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Santa Ana	CA	92704	(714)540-2295
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY		
Rolling Hills Estates CA 902					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS			
C/O Lysa Ray CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	710 0005	ADEA CODE/DUONE
Santa Ana CA 927		CITY	SIAIE	ZIP CODE	AREA CODE/PHONE
		OPTIONAL: FAX / E-MAIL ADDRE	SS		
lysaray.campaignservices@gmail.com		or trainer trainer approximation			
4. Verification					
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ	g this statement and to the		and in the attached	schedules is true	and complete. I certify
Executed on	Ву		surer		,
Executed on01/19/2023	Ву		nt or Responsible Officer of	Sponsor	
Executed on	. Ву	Signature of Controlling Officeholder, Candidate, Sta	te Measure Proponent		
Executed on	By				

FPPC Form 460 (Jan/2016)

NAME OF OFFICEHOLDER OR CANDIDATE JULY STATE ZIP RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 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 candidate.) NAME OF TREASURER CONMITTEE NAME LD. NUMBER T. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee List names of officeholder(s) or candidate(s) for which this committee List names of officeholder(s) or candidate(s) for which this committee List names of officeholder(s) or candidate(s) for which this committee List names of officeholder(s) or candidate(s) for which this committee List names of officeholder(s) or candidate(s) for which this committee List names of officeholder(s) or candidate(s) for which this 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 SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOU	Officeholder or Can	didate Controlled Commi	ttee	6.	Primarily Formed E	Ballot Measure	Committee	
DEFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) School 1. Board PYPUSD RESIDENTIAUBUSINESS ADDRESS (NO. AND STREET) Rencho Palos Vericibes 90275 Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by your or are primarily formed to receive contributions or make expenditures on behalf of your candidact. COMMITTEE NAME I.D. NUMBER TOTALIZED COMMITTEES (NO P.O. BOX) COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) TOTALIZED COMMITTEE? COMMITTEE NAME I.D. NUMBER I.D. NUMBER AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER I.D. NUMBER I.D. NUMBER AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER I.D. NUMBER I.D. NUMBER AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER I.D. NUMBER I.D. NUMBER AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER I.D. NUMBER I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT	NAME OF OFFICEHOLDER	OR CANDIDATE			NAME OF BALLOT MEASUR	E ,		
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Residential/Business Address (NO. AND STREET) CITY STATE ZIP Rancho Palos Vexibles 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 CONTROLLED COMMITTEE? IVES NO NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF TREASURER I.D. NUMBER I.D. NUMBER T. 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 SUPPORT OFFICE SOUGHT OR HELD SUPPORT OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT O	OFFICE SOUGHT OR HELD	(INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	
Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	School Board PVPUSD							OPPOSE
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	RESIDENTIAL/BUSINESS AD				Identify the controlling	officeholder, ca	ndidate, or state measur	e proponent, if any.
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AME OF TREASURER YES	COMMITTEE NAME	*	I.D. NUMBER					
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NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT SUPPORT OPPOSE	0011117775714145		TID NUMBER					U OPPOSE
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURED		CONTROLLED COMMITTEES		.,		111	
					NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT
CITY. STATE ZIP CODE. AREA CODE/PHONE Attach continuation sheets if necessary	COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BO)X)					
CITY. STATE ZIP CODE. AREA CODE/PHONE Attach continuation sheets if necessary			S					
	CITY	STATE ZIP CO	ODE AREA CODE/PHONE	٠.		Attach continuati	on sheets if necessary	

Campaign Dis	closure Statement
Summary Page)

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA**

SUMMARY PAGE

			from	10/23/2022	FORM	-100
SEE INSTRUCTIONS ON REVERSE	• •	4	through	12/31/2022	Page3	of11
NAME OF FILER		•		n	I.D. NUMBER	
Hamill for School Board 2022		*, .			1448554	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

	HAMILI TOL BEHOOL BOALG 2022					
	Contributions Received	(Column A TOTALTHIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTALTODATE	Calendar Year Summary Running in Both the State
	1. Monetary Contributions Schedule A, Line 3			\$	25,022.00	General Elections 1/1 through 6
	2. Loans Received Schedule B, Line 3		0.00		0.00	20. Contributions
	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2			•	25,022.00	Received \$
	4. Nonmonetary Contributions Schedule C, Line 3				•	21. Expenditures
	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	2,407.34	\$	31,205.50	Made \$
į.	Expenditures Made	,	: :			Expenditure Limit Summ
	6. Payments Made Schedule E, Line 4	\$	5,415.40	\$	24,651.27	Candidates
	7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Exp
٠.	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5,415.40	\$	_24,651.27	(If Subject to Voluntar
	9. Accrued Expenses (Unpaid Bills)		2,052.67		2,952.67	Date of Election
	10. Nonmonetary Adjustment Schedule C, Line 3		1,132.34		6,183.50	(mm/dd/yy)
	11. TOTAL EXPENDITURES MADE	\$	8,600.41	\$	33,787.44	
	Current Cash Statement					
	12. Beginning Cash Balance Previous Summary Page, Line 16	\$	4,511.13	To	calculate Column B, add	
	13. Cash Receipts		1,275.00		ounts in Column A to the	
	14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	responding amounts m Column B of your last	*Amounts in this section may be of reported in Column B.
	15. Cash Payments	-	5,415.40		ort. Some amounts in lumn A may be negative	,
	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	370.73	figu	res that should be]
	If this is a termination statement, Line 16 must be zero.			þer	otracted from previous	*
	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being filed this calendar year, only ry over the amounts	4
	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$	0.00		m Lines 2, 7, and 9 (if	

ry for Candidates tate Primary and

6/30 7/1; to Date. ...

mary for State

cpenditures Made* tary Expenditure Limit)

(mm/dd/yy)	lotal to Date
the state of the s	
	\$

e different from amounts

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

Schedule A Monetary Contributions Received		Amoun to	ts may be rounded whole dollars.	Statement cover	CALIFORNIA 460			
SEE INSTRUCTIO	ONS ON REVERSE			through _12/31/20	022	Page	4	of11
NAME OF FILER Hamill for 8	School Board 2022						JMBER 554	
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 CALENDAR Y (JAN. 1 - DEC	/EAR	· Т	ELECTION TO DATE REQUIRED)
10/24/2022	David Bolog Granada Hills, CA 91344	⊠IND □COM □OTH □PTY □SCC	Steam Plant Asst LA Dept of Water	100.00		200.00	G2022	\$200.00
10/24/2022	Jessica Bowman Huntington Beach, CA 92649	⊠IND □COM □OTH □PTY □SCC	Retired	100.00	. , .	100.00	G2022	\$100.00
10/24/2022	Ross Greenberg Pacific Palisades, CA 90272	⊠IND □COM □OTH □PTY □SCC	Producer All3Media America	100.00	-	100.00	G2022	\$100.00
11/09/2022	Steve Hack Rancho Palos Verdes, CA 90275	⊠IND □COM □OTH □PTY □SCC	Manager Pacific Medical	100.00	_	100.00	G2022	\$100.00
11/03/2022	Stephen Ramill Alamo, CA 94507	☑IND □COM □OTH □PTY □SCC	Administrator Public Purchasing Exchange	250.00	1,	250.00	G2022	\$1,250.00
			SUBTOTALS	650.00				Production of the state of the

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

 1,000.00

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

 *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)

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole dollars.			from 10/23/2022 CALIFORNIA FORM 46		
				through 12/31	/2022 P	age5	_ of11
NAME OF FILER					1.	D. NUMBER	
Hamill for So	chool Board 2022			<u> </u>	- 1	448554.	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN. 1 - DEC. 31	R	R ELECTION TO DATE REQUIRED)
11/03/2022	MaryEllen Herringer Oakland, CA 94611	XIND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	600	.00 G2022	\$600.00
11/03/2022	Keith Kamholz Rancho Palos Verdes, CA 90275	⊠IND □COM □OTH □PTY □SCC	Retired	100.00	100	.00 G2022	\$100.00
11/03/2022	Rancho Palos Verdes, CA 90275	⊠IND □COM □OTH □PTY □SCC	Teacher Self	25.00	125	.00 G2022	\$125.00
11/03/2022	Stefani Turner Rancho Palos Verdes, CA 90275	⊠IND □COM □OTH □PTY □SCC	Consultant Self	25.00	125	.00 G2022	\$125.00
11/03/2022	Michael Yang Rancho Palos Verdes, CA 90275	IND □COM □OTH □PTY □SCC	Attorney Orrick Herrington & Sutcliffe	100.00	100	.00 G2022	\$100.00
			SUBTOTAL	\$ 350.00			

*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

Schedul Nonmor	le C netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers p		CALIF	ORNIA	460
			· .*		fron	n10/23/202				
SEE INSTRUCT	TIONS ON REVERSE				thro	ough 12/31/202	22	Page	6 of	11
Hamill for	School Board 2022						<u> </u>	1448554		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	TC	ELECTION DATE EQUIRED)
11/01/2022	EDFirstPV Committee to Support Chan, Handjian, Hamill & Vanderhal for PVUSD (ID# 1451328) Palos Verdes Peninsula, CA 90274	□IND ☑COM □OTH □PTY □SCC		CMP		586.34		1,553.00	G2022	\$1,553.0
11/04/2022	EDFirstPV Committee to Support Chan, Handjian, Hamill & Vanderhal for PVUSD (ID# 1451328) Palos Verdes Peninsula, CA 90274	□IND □COM □OTH □PTY □SCC		LIT & CMP		546.00		1,553.00	G2022	\$1,553.0
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			,					*
		□IND □COM □OTH □PTY □SCC			u.					
Attach ad	ditional information on appropriately label	ed continuat	ion sheets.	SUBTO	DTAL S	\$ 1,132.34				
Amount (Include)	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)						IND- COM	•	t Committe an PTY o	r SCC)
3. Total no	received this period – unitemized nonmoneton nmonetary contributions received this period. nes 1 and 2. Enter here and on the Summary						PTY	- Other (e - Political P - Small Co	arty	, ,

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from10/23/2022	FORM TOU
through12/31/2022	Page7 of11
,	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE	through12/31/2022	Page7 of11
NAME OF FILER		I.D. NUMBER
Hamill for School Board 2022		1448554

CMP CNS CTB CVC FIL FND IND LEG LIT	DES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	ayment, yo member commeetings and office expenietition circul phone banks polling and s postage, deliprofessional print ads	munications if appearan ses ating urvey rese very and n	s ces arch nesser	nger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions	me candidate/sponsor
3-04	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	, .		CODE	OR	nyogogaina		N OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot Baton Rouge, LA 70808	cc processing	17.20
Anedot Baton Rouge, LA 70808	cc processing	2.30
Anedot Baton Rouge, LA 70808	cc processing	34.60

nedot	cc processing		34.60
aton Rouge, LA 70808			
Payments that are contributions or independent expenditures must also be sumn	narized on Schedule D.	SUBTOTAL\$	54.10
Schedule E Summary			
. Itemized payments made this period. (Include all Schedule E subtotals.)		\$_ <u></u> 5,	365.40
2. Unitemized payments made this period of under \$100\$\$			
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)			
I. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	he Summary Page, Column A. Line 6.)	TOTAL \$ 5,	415.40

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** FORM 10/23/2022 12/31/2022 Page 8 of 11 I.D. NUMBER

1448554

REE INSTRUCTIONS ON REVERSE			through
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.

MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL v.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 independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings ш

print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE · C	DR DESCRIPTION OF PAYMENT		AMOUNT PAID
Anedot		cc processing		4.30
Baton Rouge, LA 70808				
Bank of America		Bank fees		32.00
Wilmington, DE 19850				
				_
Chase Card	CMP	·		100.00
Carol Stream, IL 60197		· ·		
Lysa Ray Campaign Services	PRO			300.00
Santa Ana, CA 92704		·		
			,	
Thomas Partners Strategies	LIT			4,875.00
Dallas, TX 75208				. ,
* Payments that are contributions or independent expenditures must also be summarize	ed on Schedule D	<u> </u>	SUBTOTAL S	5.311.30

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

Schedule F	
Accrued Expenses	s (Unpaid Bills)

CALIFORNIA A CC

Accrued Expenses (Unpaid Bills)	to whole dollars.	ed	from 10/23/		ORM 40U
SEE INSTRUCTIONS ON REVERSE			through 12/31/	/2022 Pag	e9 of11
NAME OF FILER				I.D. NU	JMBER
Hamill for School Board 2022				1448	3554
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	member communication metrings and appearan office expenses petition circulating pho phone banks polling and survey rese postage, delivery and r professional services (I professional services (I	s nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries rtime and production coel, lodging, and meals avel, lodging, and meal en committees of the s	s ame candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 900.00\$	2,052.67	0.00	2,952.67
. *					
r'					
·					,
Palos Verdes Peninsula, CA 90274					
Julie Hamill	FIL	900.00	0.00	0.00	900.00
Carol Stream, IL 60197					
Chase Card	CMP	0.00	2,052.67	0.00	2,052.67
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

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.)	2,052.6
*		, , , , , , , , , , , , , , , , , , ,

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

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

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from 10/23/2022	FORM 400
through12/31/2022	Page 10 of 11
	I.D. NUMBER

1448554

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hamill for School Board 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chase Card

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

print ads

PHO

PRT

CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* СТВ CVC civic donations candidate filing/ballot fees FIL FND fundraising events independent expenditure supporting/opposing others (explain)* IND LEG legal defense

campaign literature and mailings ய

MBR member communications RAD radio airtime and production costs

MTG meetings and appearances RFD returned contributions office expenses SAL campaign workers' salaries petition circulating

t.v. or cable airtime and production costs phone banks candidate travel, lodging, and meals POL polling and survey research TRS

staff/spouse travel, lodging, and meals POS postage, delivery and messenger services 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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Peninsula People Inv	PRT			1,650.00
Hermosa Beach, CA 90254				
				,
			e ·	
				2 0 0 0
		,		

professional services (legal, accounting)

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,650.00

^{*} 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 G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars:

	SCHEDULE G
Statement covers period from 10/23/2022	CALIFORNIA 460
	*

7	-			
SEE INSTRUCTIONS ON REVERSE	ì		through 12/31/2022	Page11 of11
NAME OF FILER				I.D. NUMBER
Hamill for School Board 2022		·· ,	<u> </u>	1448554
NAME OF AGENT OR INDEPENDENT CONTRACTOR				

Thomas Partners Strategies

CO	DES: If one of the following codes accurately	describe	s the	payment, you may enter the code.	Otherwise	e, 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		1		

IND independent expenditure supporting/opposing others (explain)*

IND independent expenditure supporting/opposing others (explain)*

IND independent expenditure supporting/opposing others (explain)*

IND postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

INS star/spouse travel, logging, and means

TSF transfer between committees of the same candidate/sponsor voter registration

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 PAYER (IF COMMITTEE, ALSO ENTER L.C.	OR CREDITOR D. NUMBER)	CODE .	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS Sunflower Station Santa Ana, CA 927	n 706		POS			2,712.54
4.						
				,		
						[·
						/
		•				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

2,712.54

^{*} 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.