

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink

0218-3
COVER PAGE

Date Stamp	CALIFORNIA 2001/02 FORM	460
RECEIVED LOS ANGELES COUNTY NO Postmark 2023 FEB -2 CAMPAIGN FINANCE	Page 1 of 5 PH 2:50 For Official Use Only	
		021131

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/23/2022 Through 12/31/2022	Date of election if applicable: (Month, Day, Year) 11/08/2022
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall

<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 Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 5)</small>
<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
|--|--|

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement
<input checked="" type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> 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
Beverly Hills	CA	90211	619-698-4333

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

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

OPTIONAL: FAX / EMAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

William Baber

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / EMAIL ADDRESS

wrblaw@flash.net

4. Verification

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

Executed on January 20, 2023
 Executed on January 20, 2023
 Executed on _____
 Executed on _____

By _____
 By _____
 By _____
 By _____

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

Type or print in ink

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

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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.

COVER PAGE

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,	\$ 22.22	\$ 4,008.22
2. Loans Received Schedule B,	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Line 1	\$ 0.00	\$ 4,008.22
4. Nonmonetary Contributions Schedule C,	567.00	567.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3	\$ 567.00	\$ 4,575.22

**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,	\$ 1,485.10	\$ 4,052.32
7. Loans Made Schedule	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Line 6	\$ 1,485.10	\$ 4,052.32
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 +	\$ 2,052.10	\$ 4,619.33

**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	\$ 1,750.03
13. Cash Receipts Column A, Line 3	22.22
14. Miscellaneous Increases to Cash Schedule I,	0.00
15. Cash Payments Column A, Line 8	1,485.10
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line	\$ 287.15

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 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 A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Statement covers perio		CALIFORNIA FORM 460
from	<u>01/01/2022</u>	
through	<u>06/30/2022</u>	Page <u>4</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

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

ID NUMBER
1439969

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

Schedule A Summary

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

\$ 0

\$ 22.22

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

3. Total monetary contributions received this period.

TOTAL \$ 22.22

*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 perio		CALIFORNIA FORM 460
from	01/19/2023	
through	01/19/2023	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

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 expense	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
1360 LLC : Arlington, VA 22201	WEB		\$200.00
Vitalia Levin : Jersey City, NJ 07304	CNS		\$142.00
Sofya Nunes : Jersey City, NJ 07304	CNS		\$950.00

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

SUBTOTAL \$ \$1,292.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals)	\$1,292.00
2. Unitemized payments made this period of under \$100	\$193.10
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 \$ \$1,485.10