

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 01/01/2024 through 09/21/2024	Date of election if applicable: (Month, Day, Year) 11/05/2024	Date Stamp <div>E-Filed 10/17/2024 13:22:57 Filing ID: 212327322</div>	CALIFORNIA FORM 460 Page 1 of 14 For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

SEE ADDITIONAL NOTES

3. Committee Information

I.D. NUMBER
1473829

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
JIN KIM HYMERS FOR SCHOOL BOARD 2024

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(619) 424-3340

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	

OPTIONAL: FAX / E-MAIL ADDRESS
BRIANA@BBCAMPAIGNS.COM

Treasurer(s)

NAME OF TREASURER

BRIANA BILBRAY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
IMPERIAL BEACH	CA	91932	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
BRIANA@BBCAMPAIGNS.COM

4. Verification

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

Executed on 10/17/2024
Date

Executed on 10/17/2024
Date

Executed on
Date

Executed on
Date

By BRIANA BILBRAY
Signature of Treasurer or Assistant Treasurer

By JIN KIM HYMERS
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JIN KIM HYMERS

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

Board of Education: County of LA CANADA UNIFIED SCHOOL DISTRICT

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	LOS ANGELES	CA	90071

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

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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 <input type="checkbox"/> OPPOSE

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

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2024 through 09/21/2024	CALIFORNIA FORM 460 Page 3 of 14 I.D. NUMBER 1473829
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIN KIM HYMERS FOR SCHOOL BOARD 2024

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 10,546.14	\$ 10,546.14
2. Loans Received Schedule B, Line 3	57,000.00	57,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 67,546.14	\$ 67,546.14
4. Nonmonetary Contributions Schedule C, Line 3	830.93	830.93
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 68,377.07	\$ 68,377.07

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

6. Payments Made Schedule E, Line 4	\$ 30,055.27	\$ 30,055.27
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 30,055.27	\$ 30,055.27
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	830.93	830.93
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 30,886.20	\$ 30,886.20

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts Column A, Line 3 above	67,546.14
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	30,055.27
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 37,490.87
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 57,000.00

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2024
through 09/21/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIN KIM HYMERS FOR SCHOOL BOARD 2024

I.D. NUMBER

1473829

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/29/2024	ROBERT AHN LOS ANGELES, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ENSO LAW	2,000.00	2,000.00	G2024 \$2,000.00
09/07/2024	PETER BAE LOS ANGELES, CA 90016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST PETER BAE, DDS	1,047.64	1,047.64	G2024 \$1,047.64
09/11/2024	CHRISTOPHER CAGAN ALHAMBRA, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE ANALYST, ASSET MANAGER INLAND ASSET MANAGEMENT	105.24	105.24	G2024 \$105.24
08/29/2024	SAM CAGAN PASADENA, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY HUESTON HENNIGAN LLP	200.00	200.00	G2024 \$200.00
08/29/2024	ALAN J NUNEZ GLENDALE, CA 91214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIROPRACTOR NUNEZ CHIROPRACTIC	200.00	200.00	G2024 \$200.00

SUBTOTAL \$ 3,552.88

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 10,386.14
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 160.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 10,546.14

*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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	09/21/2024	Page 5 of 14

NAME OF FILER	I.D. NUMBER
JIN KIM HYMERS FOR SCHOOL BOARD 2024	1473829

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/05/2024	JOOYEON KIM LOS ANGELES, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	105.24	105.24	G2024 \$105.24
09/15/2024	KWANG KIM LOS ANGELES, CA 90006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GENERAL CONTRACTOR RAINBOW CONSTRUCTION GROUP	2,193.99	2,193.99	G2024 \$2,193.99
09/17/2024	MIHYE KIM LA CANADA FLINTRIDGE, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECT MARKETING AMWAY	500.00	500.00	G2024 \$500.00
09/04/2024	PETER KIM LOS ANGELES, CA 90006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTRACTOR RAINBOW PAVING CO	524.08	524.08	G2024 \$524.08
09/11/2024	JEE HYE LEE LA CRESCENTA-MONTROSE, CA 91214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENDODONTIST DR. DAVID HWANG, DDS	300.00	300.00	G2024 \$300.00
SUBTOTAL \$				3,623.31		

***Contributor Codes**

IND – Individual
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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	09/21/2024	Page 6 of 14
NAME OF FILER		I.D. NUMBER
JIN KIM HYMERS FOR SCHOOL BOARD 2024		1473829

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/31/2024	JITAEK LIM LOS ANGELES, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESTAURANEUR SILVERLAKE RAMEN	1,000.00	1,000.00	G2024 \$1,000.00
09/11/2024	THERESA LOWE LOS ANGELES, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROJECT MANAGER REGGIES ENTERPRISES INC.	209.95	209.95	G2024 \$209.95
09/09/2024	OASIS VETERINARY CORPORATION FULLERTON, CA 92833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2024 \$500.00
09/06/2024	TOTAL BODY MOVEMENT LOS ANGELES, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2024 \$500.00
09/13/2024	SARAH YI LOS ANGELES, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTMENT ADVISOR GUARDIAN LIFE	1,000.00	1,000.00	G2024 \$1,000.00
SUBTOTAL \$				3,209.95		

***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 B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2024 through 09/21/2024	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIN KIM HYMERS FOR SCHOOL BOARD 2024

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
JIN KIM HYMERS LA CANADA FLINTRIDGE, CA 91011 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAX MANAGER FARMERS INSURANCE	\$ 0.00	\$ 15,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 15,000.00 12/31/2024 DATE DUE	0.00 % RATE \$ 0.00	\$ 15,000.00 09/09/2024 DATE INCURRED	CALENDAR YEAR \$ 57,000.00 PER ELECTION** \$ G2024 57,000.00
JIN KIM HYMERS LA CANADA FLINTRIDGE, CA 91011 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAX MANAGER FARMERS INSURANCE	\$ 0.00	\$ 15,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 15,000.00 12/31/2024 DATE DUE	0.00 % RATE \$ 0.00	\$ 15,000.00 09/12/2024 DATE INCURRED	CALENDAR YEAR \$ 57,000.00 PER ELECTION** \$ G2024 57,000.00
JIN KIM HYMERS LA CANADA FLINTRIDGE, CA 91011 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAX MANAGER FARMERS INSURANCE	\$ 0.00	\$ 20,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 20,000.00 12/31/2024 DATE DUE	0.00 % RATE \$ 0.00	\$ 20,000.00 09/18/2024 DATE INCURRED	CALENDAR YEAR \$ 57,000.00 PER ELECTION** \$ G2024 57,000.00
SUBTOTALS \$		50,000.00	\$ 0.00	\$ 50,000.00	\$ 0.00			

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 57,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 57,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule B – Part 1 (Continuation Sheet)

Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1 (CONT.)

Statement covers period from 01/01/2024 through 09/21/2024	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIN KIM HYMERS FOR SCHOOL BOARD 2024

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
JIN KIM HYMERS LA CANADA FLINTRIDGE, CA 91011	TAX MANAGER FARMERS INSURANCE	\$ 0.00	\$ 7,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 7,000.00 12/31/2024 DATE DUE	0.00 % RATE \$ 0.00	\$ 7,000.00 09/18/2024 DATE INCURRED	CALENDAR YEAR \$ 57,000.00 PER ELECTION** \$ G2024 57,000.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	\$ RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	\$ RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	\$ RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	\$ RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		7,000.00	\$	0.00	\$	7,000.00	\$	0.00

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†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 C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2024
through 09/21/2024
CALIFORNIA FORM 460
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I.D. NUMBER
1473829

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JIN KIM HYMERS FOR SCHOOL BOARD 2024

Table with 8 columns: DATE RECEIVED, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER, DESCRIPTION OF GOODS OR SERVICES, AMOUNT/ FAIR MARKET VALUE, CUMULATIVE TO DATE, PER ELECTION TO DATE. Includes two rows of contribution data from Robert Hymer.

Schedule C Summary

- 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 830.93
- 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 830.93

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2024	
through	09/21/2024	Page 10 of 14
NAME OF FILER		I.D. NUMBER
JIN KIM HYMERS FOR SCHOOL BOARD 2024		1473829

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIN KIM HYMERS FOR SCHOOL BOARD 2024

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CATAMOUNT CAMPAIGNS SAN MARCOS, CA 92069			SOCIAL MEDIA AND DIGITAL MARKETING	650.00
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			109.50
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			45.50

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

SUBTOTAL \$ 805.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	29,972.08
2. Unitemized payments made this period of under \$100	\$	83.19
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 \$	30,055.27

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM 460
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JIN KIM HYMERS FOR SCHOOL BOARD 2024

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			5.24
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			24.08
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			70.64
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			0.95
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			29.19

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

SUBTOTAL \$ 130.10

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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JIN KIM HYMERS FOR SCHOOL BOARD 2024		1473829

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NAME OF FILER

JIN KIM HYMERS FOR SCHOOL BOARD 2024

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
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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
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			147.48
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			23.00
EL TORO LLC LOUISVILLE, KY 40202			ADVERTISING AND DATA SERVICE	10,000.00
MICHAEL CHU PHOTOGRAPHY ARCADIA, CA 91006			HEADSHOTS	650.00
OUTLOOK NEWSPAPERS LA CANADA FLINTRIDGE, CA 91011	PRT			520.00

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

SUBTOTAL \$ 11,340.48

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

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JIN KIM HYMERS FOR SCHOOL BOARD 2024

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PRINTRON PRINTING, INC GARDENA, CA 90249			CAMPAIGN POSTERS AND FLYERS	220.50
RED DOG STRATEGIES SACRAMENTO, CA 95811			WALK PROGRAM	17,476.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 17,696.50

Additional Comments
For Form 460

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JIN KIM HYMERS FOR SCHOOL BOARD 2024

TO CORRECT SOURCE OF LOANS