

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

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09/24/2024  
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Statement covers period

from 01/01/2024

through 09/21/2024

Date of election if applicable:  
(Month, Day, Year)

11/05/2024

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
*(Also Complete Part 5)*
- 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  
*(Also Complete Part 7)*

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

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 09/24/2024  
Date

By BRIANA BILBRAY  
Signature of Treasurer or Assistant Treasurer

Executed on 09/24/2024  
Date

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

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**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?<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*

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

|                                      |            |                                |
|--------------------------------------|------------|--------------------------------|
| Statement covers period              |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                 | 01/01/2024 |                                |
| through                              | 09/21/2024 | Page <u>3</u> of <u>13</u>     |
| 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

## 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    | \$ 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. TOTAL EXPENDITURES 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<br>(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 |

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).

If this is a termination statement, Line 16 must be zero.

|   |         |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ 0.00 |
|---|---------|

## 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 |

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

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2024 |                            |
| through                 | 09/21/2024 | Page <u>4</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>JIN KIM HYMERS FOR SCHOOL BOARD 2024 | I.D. NUMBER<br>1473829 |
|---|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/29/2024         | ROBERT AHN<br>LOS ANGELES, CA 90019   | <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<br>ENSO LAW  | 2,000.00                    | 2,000.00   | G2024 \$2,000.00                      |
| 09/07/2024         | PETER BAE<br>LOS ANGELES, CA 90016  | <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 | DENTIST<br>PETER BAE, DDS   | 1,047.64                    | 1,047.64   | G2024 \$1,047.64                      |
| 09/11/2024         | CHRISTOPHER CAGAN<br>ALHAMBRA, CA 91801   | <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 | REAL ESTATE ANALYST, ASSET<br>MANAGER<br>INLAND ASSET MANAGEMENT                              | 105.24                      | 105.24   | G2024 \$105.24                        |
| 08/29/2024         | SAM CAGAN<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 | ATTORNEY<br>HUESTON HENNIGAN LLP  | 200.00                      | 200.00   | G2024 \$200.00                        |
| 08/29/2024         | ALAN J NUNEZ<br>GLENDALE, CA 91214  | <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 | CHIROPRACTOR<br>NUNEZ CHIROPRACTIC  | 200.00                      | 200.00   | G2024 \$200.00                        |
| <b>SUBTOTAL \$</b> |   |   |   | 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

# Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2024 |                                |
| through                 | 09/21/2024 | Page <u>5</u> of <u>13</u>     |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>JIN KIM HYMERS FOR SCHOOL BOARD 2024 | I.D. NUMBER<br>1473829 |
|---|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/05/2024         | JOOYEON KIM<br>LOS ANGELES, CA 90066  | <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<br>RETIRED  | 105.24                      | 105.24   | G2024 \$105.24                        |
| 09/15/2024         | KWANG KIM<br>LOS ANGELES, CA 90006  | <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 | GENERAL CONTRACTOR<br>RAINBOW CONSTRUCTION GROUP  | 2,193.99                    | 2,193.99   | G2024 \$2,193.99                      |
| 09/17/2024         | MIHYE KIM<br>LA CANADA FLINTRIDGE, CA 91011   | <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 | DIRECT MARKETING<br>AMWAY   | 500.00                      | 500.00   | G2024 \$500.00                        |
| 09/04/2024         | PETER KIM<br>LOS ANGELES, CA 90006  | <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 | CONTRACTOR<br>RAINBOW PAVING CO   | 524.08                      | 524.08   | G2024 \$524.08                        |
| 09/11/2024         | JEE HYE LEE<br>LA CRESCENTA-MONTROSE, CA 91214  | <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 | ENDODONTIST<br>DR. DAVID HWANG, DDS   | 300.00                      | 300.00   | G2024 \$300.00                        |
| <b>SUBTOTAL \$</b> |   |   |   | 3,623.31                    |  |                                       |

\*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) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2024 |                                |
| through                 | 09/21/2024 | Page <u>6</u> of <u>13</u>     |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>JIN KIM HYMERS FOR SCHOOL BOARD 2024 | I.D. NUMBER<br>1473829 |
|---|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/31/2024         | JITAEK LIM<br>LOS ANGELES, CA 90019   | <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 | RESTAURANEUR<br>SILVERLAKE RAMEN  | 1,000.00                    | 1,000.00   | G2024 \$1,000.00                      |
| 09/11/2024         | THERESA LOWE<br>LOS ANGELES, CA 90019   | <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 | PROJECT MANAGER<br>REGGIES ENTERPRISES INC.   | 209.95                      | 209.95   | G2024 \$209.95                        |
| 09/09/2024         | OASIS VETERINARY CORPORATION<br>FULLERTON, CA 92833   | <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 |   | 500.00                      | 500.00   | G2024 \$500.00                        |
| 09/06/2024         | TOTAL BODY MOVEMENT<br>LOS ANGELES, CA 90020  | <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 |   | 500.00                      | 500.00   | G2024 \$500.00                        |
| 09/13/2024         | SARAH YI<br>LOS ANGELES, CA 90020   | <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 | INVESTMENT ADVISOR<br>GUARDIAN LIFE   | 1,000.00                    | 1,000.00   | G2024 \$1,000.00                      |
| <b>SUBTOTAL \$</b> |   |   |   | 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.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2024 |                            |
| through                 | 09/21/2024 | Page <u>7</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIN KIM HYMERS FOR SCHOOL BOARD 2024

I.D. NUMBER

1473829

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN              | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                               |
|---|---|--|------------------------------------|--|--|----------------------------------|---|---|
| ROBERT HYMERS<br>LOS ANGELES, CA 90071<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ACCOUNTANT<br>SELF EMPLOYED - ROBERT HYMERS, CPA  | \$ 0.00  | \$ 15,000.00                       | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 15,000.00<br>12/31/2024<br>DATE DUE             | 0.00 %<br>RATE<br>\$ 0.00        | \$ 15,000.00<br>09/09/2024<br>DATE INCURRED | CALENDAR YEAR<br>\$ 57,880.93<br>PER ELECTION**<br>\$ G2024 57,880.93 |
| ROBERT HYMERS<br>LOS ANGELES, CA 90071<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ACCOUNTANT<br>SELF EMPLOYED - ROBERT HYMERS, CPA  | \$ 0.00  | \$ 15,000.00                       | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 15,000.00<br>12/31/2024<br>DATE DUE             | 0.00 %<br>RATE<br>\$ 0.00        | \$ 15,000.00<br>09/12/2024<br>DATE INCURRED | CALENDAR YEAR<br>\$ 57,880.93<br>PER ELECTION**<br>\$ G2024 57,880.93 |
| ROBERT HYMERS<br>LOS ANGELES, CA 90071<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ACCOUNTANT<br>SELF EMPLOYED - ROBERT HYMERS, CPA  | \$ 0.00  | \$ 20,000.00                       | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 20,000.00<br>12/31/2024<br>DATE DUE             | 0.00 %<br>RATE<br>\$ 0.00        | \$ 20,000.00<br>09/18/2024<br>DATE INCURRED | CALENDAR YEAR<br>\$ 57,880.93<br>PER ELECTION**<br>\$ G2024 57,880.93 |
| <b>SUBTOTALS \$</b>   |   | <b>50,000.00 \$</b>                              | <b>0.00 \$</b>                     | <b>50,000.00 \$</b>  | <b>0.00</b>  |                                  |   |   |

**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.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2024 |                            |
| through                 | 09/21/2024 | Page <u>8</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIN KIM HYMERS FOR SCHOOL BOARD 2024

I.D. NUMBER

1473829

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*                                    | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN             | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE  |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| ROBERT HYMERS<br>LOS ANGELES, CA 90071  | ACCOUNTANT<br>SELF EMPLOYED - ROBERT HYMERS, CPA  | \$ 0.00  | \$ 7,000.00                        | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN  | \$ 7,000.00<br>12/31/2024<br>DATE DUE              | 0.00%<br>RATE<br>\$ 0.00         | \$ 7,000.00<br>09/18/2024<br>DATE INCURRED | CALENDAR YEAR<br>\$ 57,880.93<br>PER ELECTION**<br>\$ <sup>G2024</sup> 57,880.93 |
| † <input checked="" 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"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN | \$ _____<br>DATE DUE                               | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED                  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____                          |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   |  |                                    | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN | \$ _____<br>DATE DUE                               | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED                  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____                          |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   |  |                                    | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN | \$ _____<br>DATE DUE                               | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED                  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____                          |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   |  |                                    | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN | \$ _____<br>DATE DUE                               | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED                  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____                          |
| <b>SUBTOTALS \$</b>   |   |  | 7,000.00 \$                        | 0.00 \$  | 7,000.00 \$  | 0.00                             |  |  |

†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

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



**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

|                                      |            |                            |
|--------------------------------------|------------|----------------------------|
| Statement covers period              |            | <b>CALIFORNIA FORM 460</b> |
| from                                 | 01/01/2024 |                            |
| through                              | 09/21/2024 | Page <u>9</u> of <u>13</u> |
| NAME OF FILER                        |            | I.D. NUMBER                |
| JIN KIM HYMERS FOR SCHOOL BOARD 2024 |            | 1473829                    |

SEE INSTRUCTIONS ON REVERSE

JIN KIM HYMERS FOR SCHOOL BOARD 2024

| 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) |
|--|--|---|--|--|---------------------------|---|------------------------------------|
| 09/16/2024   | ROBERT HYMERS<br>LOS ANGELES, CA 90071   | <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 | ACCOUNTANT<br>SELF EMPLOYED - ROBERT HYMERS, CPA   | YARD SIGNS                               | 517.90                    | 30,567.90   | G2024 \$30,567.90                  |
| 09/17/2024   | ROBERT HYMERS<br>LOS ANGELES, CA 90071   | <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 | ACCOUNTANT<br>SELF EMPLOYED - ROBERT HYMERS, CPA   | YARD SIGNS,<br>STICKERS, BRANDED TSHIRTS | 313.03                    | 30,880.93   | G2024 \$30,880.93                  |
|  |  | <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            |  |  |                           |   |                                    |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> |  |   |  |  | <b>SUBTOTAL \$</b>        | 830.93  |                                    |

**Schedule C Summary**

|  |                 |        |
|--|-----------------|--------|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(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.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... | <b>TOTAL \$</b> | 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.

|                                      |            |                                |
|--------------------------------------|------------|--------------------------------|
| Statement covers period              |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                 | 01/01/2024 |                                |
| through                              | 09/21/2024 | Page 10 of 13                  |
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT             | AMOUNT PAID |
|---|------|----|------------------------------------|-------------|
| CATAMOUNT CAMPAIGNS<br>SAN MARCOS, CA 92069                         |      |    | SOCIAL MEDIA AND DIGITAL MARKETING | 650.00      |
| EFUNDRAISING CONNECTIONS<br>SACRAMENTO, CA 95816                    | OFC  |    |                                    | 109.50      |
| EFUNDRAISING CONNECTIONS<br>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.) ..... | <b>TOTAL \$</b> | <b>30,055.27</b> |

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

Amounts may be rounded  
to whole dollars.

|                                      |            |                                |
|--------------------------------------|------------|--------------------------------|
| Statement covers period              |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                 | 01/01/2024 |                                |
| through                              | 09/21/2024 | Page <u>11</u> of <u>13</u>    |
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| EFUNDRAISING CONNECTIONS<br>SACRAMENTO, CA 95816                    | OFC  |    |                        | 5.24        |
| EFUNDRAISING CONNECTIONS<br>SACRAMENTO, CA 95816                    | OFC  |    |                        | 24.08       |
| EFUNDRAISING CONNECTIONS<br>SACRAMENTO, CA 95816                    | OFC  |    |                        | 70.64       |
| EFUNDRAISING CONNECTIONS<br>SACRAMENTO, CA 95816                    | OFC  |    |                        | 0.95        |
| EFUNDRAISING CONNECTIONS<br>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**

Amounts may be rounded  
to whole dollars.

|                                      |            |                                |
|--------------------------------------|------------|--------------------------------|
| Statement covers period              |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                 | 01/01/2024 |                                |
| through                              | 09/21/2024 | Page <u>12</u> of <u>13</u>    |
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT       | AMOUNT PAID |
|---|------|----|------------------------------|-------------|
| EFUNDRAISING CONNECTIONS<br>SACRAMENTO, CA 95816                    | OFC  |    |                              | 147.48      |
| EFUNDRAISING CONNECTIONS<br>SACRAMENTO, CA 95816                    | OFC  |    |                              | 23.00       |
| EL TORO LLC<br>LOUISVILLE, KY 40202                                 |      |    | ADVERTISING AND DATA SERVICE | 10,000.00   |
| MICHAEL CHU PHOTOGRAPHY<br>ARCADIA, CA 91006                        |      |    | HEADSHOTS                    | 650.00      |
| OUTLOOK NEWSPAPERS<br>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**

Amounts may be rounded  
to whole dollars.

|                                      |            |                                |
|--------------------------------------|------------|--------------------------------|
| Statement covers period              |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                 | 01/01/2024 |                                |
| through                              | 09/21/2024 | Page <u>13</u> of <u>13</u>    |
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT      | AMOUNT PAID |
|---|------|----|-----------------------------|-------------|
| PRINTRON PRINTING, INC<br>GARDENA, CA 90249                         |      |    | CAMPAIGN POSTERS AND FLYERS | 220.50      |
| RED DOG STRATEGIES<br>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