Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		(83)	Stamp A A CCFIVED	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period  from09/22/2024  through10/19/2024	Date of election if applicable: (Month, Day, Year)	1. 11	Page 1 of 14 For Official Use Only
1. Type of Recipient Committee: All Committees —  \[ \begin{align*} \text{Officeholder, Candidate Controlled Committee} \\ \text{Ostate Candidate Election Committee} \\ \text{Ostate Candidate Election Committee} \\ \text{Oscamplete Part 5} \\ \text{General Purpose Committee} \\ \text{Osponsored} \\ \text{Osmall Contributor Committee} \\ \text{Osmall Contributor Committee} \\ \text{Opolitical Party/Central Committee} \\ \text{Ommittee} \\ O	Complete Parts 1, 2, 3, and 4.  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)	Special Suppler	ly Statement Odd-Year Report mental Preelection ent - Attach Form 495
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE  Jani Lange for Council 2024  STREET ADDRESS (NO P.O. BOX)	I.D. NUMBER 1473810 EE)	Treasurer(s)  NAME OF TREASURER  Gary Crummitt  MAILING ADDRESS  CITY  Long Beach	STATE ZIP COD CA 90802	
Hermosa Beach CA 9  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C.  CITY STATE ZIP	CODE AREA CODE/PHONE 0254 D. BOX CODE AREA CODE/PHONE 0802	NAME OF ASSISTANT TREASURER, IF ANY Jani Lange MAILING ADDRESS  CITY Hermosa Beach  OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP COD CA 90254	
4. Verification I have used all reasonable diligence in preparing and revie under penalty of perjury under the laws of the State of Califi Executed on     10/23/2024   Date	By		e attached schedules	s is true and complete. I certify
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	ponent	FPPC Form 460 (Jan/201

COVER PAGE

CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE  COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT	Officeholder or Candidate Controlled	Committee	6.	Primarily Formed Balle	ot Measure	Committee		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  City Council Member Betthose Beach  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP HOTHOGR BEACH CA 90254  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  COMMITTEE NAME  COMMITTEE ADDRESS STREET ADDRESS (NO. P.O. BOX)  COMMITTEE NAME  LID. NUMBER  COMMITTEE NAME  LID. NUMBER  TO PFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  SUPPORT  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  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  SUPPORT  OP	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOTMEASURE				
City Council Nember Bezmosa Beach  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  HOTHOGA Beach CA 90254  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  CONTROLLED COMMITTEE?  COMMITTEE ADDRESS STREET ADDRESS (NO.P.O. BOX)  NAME OF TREASURER  COMMITTEE NAME  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 SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OPPOSE OPPOSE	Jani Lange							
Residential Business Address (NO. AND STREET) CITY STATE ZIP    Hexmosa Beach CA 90254     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	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	ON		
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  NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  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 SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HEL	City Council Member Hermosa Beach						0	OPPOSE
Reated 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 ADDRESS (NO. AND STREE	ET) 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 candidacy.  COMMITTEE NAME  I.D. NUMBER  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  TO STATE ZIP CODE AREA CODE/PHONE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORS  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE		Hermosa Beach CA 90254		Identify the controlling off	ficeholder, can	ndidate, or state m	easure pr	oponent, if any.
OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD				NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PRO	OPONENT		
TO 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  TO CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  TO STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  I.D. NUMBER  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  SUPPOR  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OPPOSE  NAME OF OFFICEHOL	Related Committees Not Included in t	his Statement: List any committees						
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  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 SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE 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	not included in this statement that are controlled	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	RICT NO. IF	ANY
Officeholder(s) or candidate(s) for which this committee is primarily formed.    YES	COMMITTEE NAME	I.D. NUMBER						
Officeholder(s) or candidate(s) for which this committee is primarily formed.    YES								
Officeholder(s) or candidate(s) for which this committee is primarily formed.    YES	NAME OF TREACHIRE	CONTROLLED COMMUTERS	7.	Primarily Formed Can	didate/Offic	eholder Commi	ttee List	names of
NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OPPOSE  OPPOSE  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  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OPPOSE  NAME OF OPPOSE  N	NAME OF TREASURER	1		officeholder(s) or candidate(s	s) for which this	s committee is prima	arlly formed	d.
CITY STATE ZIP CODE AREA CODE/PHONE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORE  OPPOSE  OPPO	COMMITTEE ADDRESS STREET ADDRESS (N			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	T aumana
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  OPPOSE  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	•	·						OPPOSE
COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICE SOUGHT OR HELD  SUPPORT OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT OPPOSE  COMMITTEE ADDRESS  STREET ADDRESS (NO P.O. BOX)  CITY  STATE  AREA CODE/(PHONE)	CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OF	R HELD	-
NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  OPPOSE  COMMITTEE ADDRESS  STREET ADDRESS (NO P.O. BOX)					_			SUPPORT
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPOR  SUPPOR  OPPOSE  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	COMMITTEE NAME	I.D. NUMBER						LI OFFOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE				NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER			NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOUGHT OF	R HELD	- CAUDDON
CITY STATE ZIP CODE APEA CODE/PHONE	COMMUNICATION OF THE PROPERTY							
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	COMMITTEE ADDRESS (N	NO P.O. BOX)						
Attach continuation sheets if necessary	CITY	ZIR CORE AREA CORE/DUCKIE						
	SIAIE	ZIF CODE AREA CODE/PHONE		Attac	ch continuatio	n sheets if necess	sary	

### amnaign Disclosure Statement

SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$

Nonmonetary Contributions ...... Schedule C. Line 3

5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$

12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$

13. Cash Receipts ...... Column A, Line 3 above

14. Miscellaneous Increases to Cash ...... Schedule I, Line 4

^-			m\ /	-	^-
SL	JMI	ИΑ	KY	РΑ	GF

Summary Page		Amounts may be round to whole dollars.	ded	Statement covers period from09/22/2024	california 460	
SEE INSTRUCTIONS ON REVERSE				through10/19/2024	Page3 of14	
NAME OF FILER	· <del></del>				I.D. NUMBER	
Vani Lange for Council 2024					1473810	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Columi Calendar TOTALTOD	YEAR Punning in Both	mmary for Candidates the State Primary and		
	Schedule A, Line 3 Schedule B, Line 3	\$ 4,472.00	\$6	432.00	1/1 through 6/30 7/1 to Date	

4,472.00

4,472.00

0.00

Expenditures Made  6. Payments Made	\$224.88			285.08	Expenditure Limit Summary for State Candidates			
7. Loans Made	\$	224.88	\$	285.08	22. Cumulative Exp (If Subject to Volunt	penditures Made* ary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)		4,754.65		4,754.65	Date of Election (mm/dd/yy)	Total to Date		
11. TOTAL EXPENDITURES MADE	\$	4,979.53	\$	5,039.73		\$		
Current Cash Statement						\$		

1,899.80

4,472.00

0.00

224.88

15. Cash Payments ...... Column A, Line 8 above 6,146.92 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 0.00 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ **Cash Equivalents and Outstanding Debts** 0.00 18. Cash Equivalents ...... See Instructions on reverse \$ 4,754.65 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$

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.

20. Contributions

21. Expenditures Made

Received

6,432.00

6,432.00

0.00

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

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov		california 460		
SEE INSTRUCTION	ONS ON REVERSE			through	024 P	age4	_ of14	
NAME OF FILER					1.0	. NUMBER		
Jani Lange	for Council 2024		_ ·_ ·_ ·		1	473810		
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 OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	<sup>-</sup>	RELECTION TO DATE REQUIRED)	
09/24/2024	Steve Bender Hermosa Beach, CA 90254	IND COM OTH PTY	Music Marketing Live Nation	100.00	100.	.00 G2024	\$100.0	
10/11/2024	Atis Blakis Anaheim, CA 92807	IND COM OTH PTY	IT Web Service Developer Summitomo Rubber North America	100.00	100.	.00 G2024	\$100.0	
10/12/2024	Grant Currie Santa Monica, CA 90405	IND COM OTH PTY	Firefighter Redondo beach Fire	100.00	100.	.00 G2024	\$100.0	
10/11/2024	Hans Geiger  Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Owner Geiger post	100.00	100.	.00 G2024	\$100.0	
10/12/2024	Timothy Gibson HERMOSA BEACH, CA 90254	⊠IND □COM □OTH □PTY □SCC	Business Development Acorns	250.00		.00 G2024	\$250.0	
			SUBTOTALS	650.00	n na kristika Kristika Kristika			
1. Amount re (Include a 2. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			4,050.00	*Contribu IND – Indi COM – Re (o OTH – O PTY – Po	tor Codes vidual eciplent Comm ther than PT ther (e.g., but itical Party	nittee Y or SCC) siness entity)	
<ol><li>Total mon</li></ol>	etary contributions received this period.				I SCC – Sn	iaii Contribute	or Committee	

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

4,472.00

3. Total monetary contributions received this period.

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

				from09/22/2024			FORM 400		
				through10/19/	2024	Page _	5	of14	
NAME OF FILER						I.D. NU	MBER		
Jani Lange fo	or Council 2024					14738	10		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR 31)	(IF R	ELECTION O DATE REQUIRED)	
10/12/2024	Darrell Greenwald Hermosa Beach, CA 90254	IND COM OTH PTY	Attorney Douglas Emmett	100.00		00.00		\$100.00	
10/14/2024	Matthew Haran Hermosa Beach, CA 90254	IND COM	Retired Retired	100.00	10	00.00	G2024	\$100.00	
10/12/2024	Tom Horton Hermosa Beach, CA 90254	IND COM OTH PTY	Sales Caris	250.00	2	50.00	G2024	\$250.00	
10/12/2024	Scott Jakubowski El Segundo, CA 90245	☑IND □COM □OTH □PTY □SCC	Production Black Line	100.00		00.00		\$100.00	
10/12/2024	Jessica rose salon Hermosa Beach, CA 90254	□IND □COM ☑OTH □PTY □SCC		100.00		00.00		\$100.00	
			SUBTOTAL	\$ 650.00	Participation	esta de la composição		Established Street	

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

	A (Continuation Sheet) Contributions Received	Amounts may to whole		Statement cover from 09/22/	2024	SCHEDULE A (CONT.)  CALIFORNIA 460  FORM 460  Page 6 of 14		
	or Council 2024					1.D. NU	JMBER 810	
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 CALENDAR YE (JAN. 1 - DEC.	AR	1	ELECTION O DATE REQUIRED)
10/08/2024	Jeffrey Kaplan Los Angeles, CA 90024	⊠IND □COM □OTH □PTY □SCC	Real Estate Invesments Kaplan Financial Corp	250.00	2!	50.00	G2024	\$250.00
10/15/2024	Diana Leslie Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Real Estate Diana Leslie	100.00	10	00.00	G2024	\$100.00
10/12/2024	Lords food group inc Hermosa Beach, CA 90254	□IND □COM ☑OTH □PTY □SCC		150.00	19	50.00	G2024	\$150.00
10/02/2024	LT Ludwig Gardena, CA 90248	IND COM OTH PTY	Sales LS Machinery Inc	250.00	25	50.00	G2024	\$250.00
10/12/2024	Manhattan Beach, CA 90266	IND COM OTH PTY	Water Damage Technician Owner	250.00	25	50.00	G2024	\$250.00

SUBTOTAL\$

\*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

1,000.00

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)

Statement covers period

		10 11.1101 11.1101		from09/22/	FORM 400					
				through10/19/	2024		o	14		
NAME OF FILER						I.D. NUN	BER			
Jani Lange fo	r Council 2024					147381	.0			
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		RECEIVED THIS CALENDAR YEAR		(IF RE	LECTION DATE QUIRED)
10/07/2024	Edward McKeegan Manhattan Beach, CA 90266	COM COM OTH PTY	Real Estate Investor MEI Capital Partners	100.00		00.00		\$100.00		
10/12/2024	Richard Nelson Redondo Beach, CA 90277	⊠IND □COM □OTH □PTY □SCC	Partner Nelson Brothers	250.00		50.00	32024	\$250.00		
10/18/2024	R.C. Rezichek Hermosa Beach, Ca 90254	IND COM OTH PTY	Retired N/A	200.00	20	00.00	32024	\$200.00		
09/30/2024	Carol Reznichek Hermosa Beach, CA 90254	IND COM OTH PTY	Retired Retired	200.00		00.00		\$200.00		
10/02/2024	David Ridgeway Litchfield Park, AZ 85340	IND COM OTH PTY SCC	Sales Sanuk	100.00	11	00.00	32024	\$100.00		
			SUBTOTAL	\$ 850.00	New Property Control of the Control					

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)	
Monetary Contributions Received	

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from 09/22/	CALIFORNIA FORM			60	
				through 10/19/	2024	Page.	8	of	14
NAME OF FILER						I.D. NL	MBER		
Jani Lange fo	or Council 2024					14738	310		
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR		R ELECT TO DATI REQUIR	E
09/23/2024	Redondo Beach, CA 90277	⊠IND □COM □OTH □PTY □SCC	Manager Mega International LLC	100.00	1	00.00	G2024		\$100.00
09/25/2024	Ken Sarno Hermosa Beach, CA 90254	IND COM OTH PTY	Retired Retired	100.00	1	00.00	G2024		\$100.00
10/13/2024	Rachel VanLandingham Hermosa Beach, CA 90254	☑IND □COM □OTH □PTY □SCC	Professor SW Law School	250.00	2	50.00	G2024		\$250.00
10/12/2024	Seth Weiss Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Self Employed Seith Weiss	100.00	2	00.00	G2024		\$200.00
10/15/2024	Seth Weiss Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Self Employed Seith Weiss	100.00	2	00.00	G2024		\$200.00
			SUBTOTALS	650.00			Sec. 6	Marie Service	ar signification

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

### Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A	(CONT.)
------------	---------

Monetary	Contributions Received	Amounts may to whole o		from 09/22/	2024	CALIFORNIA FORM	
				through10/19/	2024	Page 9	of
NAME OF FILER						I.D. NUMBER	l
Jani Lange fo	or Council 2024					1473810	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR . 31) (IF	RELECTION TO DATE REQUIRED)
10/10/2024	Elton Welke Kirkland, WA 98033	IND COM OTH PTY	Retired Retired	250.00	2	50.00 G2024	\$250.00
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 250.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

				SCHEDULE
Schedule E Payments Made	Amounts may l		Statement covers period	CALIFORNIA 460
			from09/22/2024	
SEE INSTRUCTIONS ON REVERSE			through10/19/2024	Page of14
NAME OF FILER				I.D. NUMBER
Jani Lange for Council 2024	· <del>- · · · · · · · · · · · · · · · · · ·</del>			1473810
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  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  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ases lating	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production returned contributions staff/spouse travel, lodging, and staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESCRI	RIPTION OF PAYMENT	AMOUNTPAID
E-Fundraising Connections Sacramento, CA 95816		Credit Card Proces	sing Fees	14.5
E-Fundraising Connections Sacramento, CA 95816		Credit Card Proces	sing Fees	19.5
E-Fundraising Connections Sacramento, CA 95816		Credit Card Proces	sing Fees	5.0
* Payments that are contributions or independent expenditures n	must also be summ	arized on Schedule D.	SU	BTOTAL\$ 39.0
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule	E subtotals.)			\$ 221.88
2. Unitermized payments made this period of under \$100	•••••			\$3.00
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column (e).)	•••••	\$0.00

224.88

Schedule (	E
(Continua)	tion Sheet)
Payments	Made

#### Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from09/22/2024	FORM TOO
through10/19/2024	Page11 of14
	I.D. NUMBER
	1473810

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Jani Lange for Council 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. CMP RFD returned contributions MTG meetings and appearances campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research fundraising events postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT Credit Card Processing Fees 10.00 **E-Fundraising Connections** Sacramento, CA 95816 9.50 Credit Card Processing Fees E-Fundraising Connections Sacramento, CA 95816

Credit Card Processing Fees 11.75 B-Fundraising Connections Sacramento, CA 95816 Credit Card Processing Fees 5.00

B-Fundraising Connections Sacramento, CA 95816

5.00 Credit Card Processing Fees **B-Fundraising Connections** Sacramento, CA 95816

**SUBTOTAL \$** 

41.25

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule	Ε	
(Continua	tion	Sheet)
Payments	Mag	de

SCHEDULE E (CONT.)

Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
ayments Made	to whole dollars.	from 09/22/2024	FORM 400
E INSTRUCTIONS ON REVERSE		through 10/19/2024	Page12 of14
ME OF FILER			I.D. NUMBER
ani Lange for Council 2024			1473810
			<u> </u>

Jani L	ange for Council 2024							147381	0
CMP can consider cons	S: If one of the following codes accurately describes impaign paraphemalia/misc. impaign consultants outribution (explain nonmonetary)* vic donations andidate filing/ballot fees indraising events dependent expenditure supporting/opposing others (explain)* gal defense impaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	member commeetings and office expenipetition circul phone banks polling and spostage, deli	munications i appearance ses ating urvey resea very and me	es	RAD RFD SAL TEL TRC TRS	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration	costs fuction costs d meals and meals s of the san	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
	raising Connections ento, CA 95816				Credit Card	Processing	Fees		11.75

( Tolling the contract of the		
E-Fundraising Connections Sacramento, CA 95816	Credit Card Processing Fees	11.75
E-Fundraising Connections Sacramento, CA 95816	Credit Card Processing Fees	5.00
B-Fundraising Connections Sacramento, CA 95816	Credit Card Processing Fees	91.38
E-Fundraising Connections Sacramento, CA 95816	Credit Card Processing Fees	11.75
E-Fundraising Connections Sacramento, CA 95816	Credit Card Processing Fees	11.75

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 131.63

Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole do		Statement covers period  from09/22/2024  through10/19/2024	SCHEDULE E (CONTINUE OF CALIFORNIA FORM 460  Page 13 of 14
NAME OF FILER				I.D. NUMBER
Jani Lange for Council 2024				1473810
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  campaign consultants  contribution (explain nonmonetary)*  civic donations  candidate filing/ballot fees fundralsing events  independent expenditure supporting/opposing others (explain)*  legal defense  LT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, del	nmunications d appearances nses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	n costs duction costs nd meals and meals es of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DE	ESCRIPTION OF PAYMENT	AMOUNT PAID
S-Fundraising Connections Sacramento, CA 95816		Credit Card Pro	cessing Fees	10.0

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF PARTICLES	AMOUNTAB
E-Fundraising Connections Sacramento, CA 95816		Credit Card Processing Fees	10.00
* Payments that are contributions or independent expenditures must also be summari	ized on Schedule D.	SUBTOTA	L\$ 10.00

Schedule	∍ F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from09/22/2024	california 460		
through 10/19/2024	Page14 of14		
	I.D. NUMBER		

1473810

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jani Lange for Council 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 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 petition circulating PET TEL t.v. or cable airtime and production costs candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services IND transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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
Anthony Hale Hermosa Beach, CA 90254	LIT	0.00	4,754.65	0.00	4,754.65
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00	4,754.65	\$ 0.005	4,754.65

#### Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 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.)