**Recipient Committee CALIFORNIA** Date Stamp Campaign Statement **FORM** Cover Page Statement covers period Date of election if applicable: (Month, Day, Year) 07/01/2023 Page JAN 3 0 2024 from For Official Use Only 12/31/2023 through Kings County Elections 2. Type of Statement: 1. Type of Recipient Committee:All Committees - Complete Parts 1, 2, 3, and 4 Quarterly Statement X Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Committee Special Odd-Year Report State Candidate Election Committee X Semi-annual Statement ☐ Controlled Recall Termination Statement ☐ Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) (Also Complete Part 6) General Purpose Committee Amendment (Explain Below) Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER 1445473 Treasurer(s) 3. Committee Information NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Melissa Allen Hacker for District Attorney 2028 MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) CITY 916-548-2825 Fresno, CA 93704 NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE AREA CODE/PHONE CITY Fresno, CA 93704 559-408-8383 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS 5132 North Palm Avenue NUM 227 STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP ÇODE AREA CODE/PHONE CITY Fresno, CA 93704 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS valleyvision559@gmail.com hacker4kcda@gmail.com 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 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on DATE Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on

DATE

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

# Recipient Committee Campaign Statement Cover Page - Part 2

	cov	ER PA	GE - PART 2
CALIF		Z	160
FO	HIVI		FOO
Page _	2	of _	15

5. Officeholder or Candidate Controlled Com	mittee	6. Primarily Formed	Ballot Meas	ure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Sarah Hacker					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	MBER (F APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
District Attorney Kings County					☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  Hanfor	y STATE ZIP d, CA 93230	Identify the controlli any.	ng officehold	ler, candidate, or state mea	sure proponent, if
Related Committees Not Included in this Statement:	List any committees	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	PONENT	
make expenditures on behalf of your candidacy		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO			Officeholder Committee Lisich this committee is primarily	
COMMITTEE ADDRESS STREET ADDRESS (		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEILD	SUPPORT OPPOSE
COMMITTEE NAME	i.D. NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (	(NO P.O. BOX)				OPPOSE
CITY STATE	ZIP CODE AREA				

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** FORM 07/01/2023 from 12/31/2023 of 15 through 1445473

SEE INSTRUCTIONS ON REVERSE

**Hacker for District Attorney 2028** 

5. TOTAL CONTRIBUTIONS RECEIVED.....

Column A Column B Calendar Year Summary for Candidates Contributions Received CALENDAR YEAR TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) TOTAL TO DATE Running in Both the State Primary and General Elections 0.00 0.00 1. Monetary Contributions ..... Schedule A, Line 3 \$ 0.00 2,800.00 2. Loans Received Schedule B. Line 3 7/1 to Date 1/1 through 6/30 0.00 2,800.00 Add Lines 1 + 2 \$ 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... 0.00 Received 528.00 1.581.53 4. Nonmonetary Contributions ..... Schedule C, Line 3

528.00

618.00

**Expenditures Limit Summary for State Expenditures Made** Candidates

Add Lines 3 + 4 \$

7. Loans Made ..... Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS..... 618.00 3,477.77 Add Lines 6 + 7 \$

9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 1.340.36 1,990.56 10. Nonmonetary Adjustment ...... Schedule C. Line 3 528.00 1.581.53

2,486,36 7,049.86

321.20 0.00 1.139.25 618.00 15. Cash Payments Column A, Line 8 above 842.45 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 Cash Equivalents and Outstanding Debts

0.00 18. Cash Equivalents See instructions on reverse 4,790.56 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).

21. Expenditures

Date of Election

(mm/dd/yy)

Made

4.381.53

3,477,77

22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

0.00

Total to Date

0.00

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

**Current Cash Statement** 

<sup>\*</sup>Amounts in this section may be different from amounts reported in Column B.

Schedule		Amo	ounts may be rounded to whole dollars.					SCHEDULE A
wonetary	Contributions Received		to whole donars.	Stater	nent covers	period	CALIF	
				from	07/01/	2023	FO	RM 400
OFF INIOTOLIOTIO	NO ON PENEEDOS			through	12/31/	2023	Page _	4 of 15
SEE INSTRUCTION	NS ON REVERSE						I.D. NUMBER	₹
Hacker for I	District Attorney 2028							1445473
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)		RECEIVED PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC						
Schedule .	A Summary					Γ	* Contributor	Codes
	eived this period - itemized monetary contributions. Schedule A subtotals.)		\$		0.00	ĺ	IND - Individu	
,	eived this period - unitemized monetary contributions of less th				0.00	-	(other	ent Committee than PTY or SCC) (e.g., business entity)
			\$		7.00	-	PTY - Politica	l Party Contributor Committee
(add Lines 1	tary contributions received this period.  and 2. Enter here and on the Summary Page, Column A, Line	∍ 1.) — — — —	TOTAL \$		0.00	_	SOO - Sinan	Oonthibutor Oommittee

SUBTOTAL \$

Sched Loans		rt "

SEE INSTRUCTIONS ON REVERSE

Sarah Hacker

Hanford, CA 93230

Hacker for District Attorney 2028

FULL NAME, STREET ADDRESS AND

ZIP CODE OF LENDER

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

\*XIND COM OTH PTY SCC

2. Loans paid or forgiven this period

1. Loans received this period \_ \_ \_ \_ \_ \_ \_

(Total Column (b) plus unitemized loans of less than \$100.)

(Total Column (c) plus loans under \$100 paid or forgiven)

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2

3. Net change this period. (Subtract Line 2 from Line 1.) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Schedule B Summary

Amounts may be rounded to whole dollars.

(b) AMOUNT

RECEIVED THIS

PERIOD

0.00

(a) OUTSTANDING

BALANCE

BEGINNING THIS

PEBIOD

2,800.00

IF INDIVIDUAL, ENTER

OCCUPATION AND EMPLOYER

(IF SELF-EMPLOYED, ENTER NAME

OF BUSINESS)

Dias Law Firm Inc.

Attorney

SCHEDULE B - PART 1 Statement covers period CALIFORNIA FORM 07/01/2023 from \_\_ of 15 12/31/2023 through I.D. NUMBER 1445473 (c) AMOUNT PAID OR (e) INTEREST (f) ORIGINAL (g) CUMULATIVE CONTRIBUTIONS TO (d) OUTSTANDING PAID THIS AMOUNT OF FORGIVEN THIS BALANCE AT CLOSE PERIOD \*\* OF THIS PERIOD PERIOD LOAN DATE CALENDAR YEAR PAID \$ 3,328.00 2,800.00 0.00 2.800.00 0 PER ELECTION\*\* 3,856.00 P-2028 RATE FORGIVEN 05/22/2023 12/31/2024 0.00 0.00 DATE DUE DATE INCURRED 0.00 " Contributor Codes IND - Individual 0.00 COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party

0.00

(May be a negative number)

0.00

\$

0.00

\$

2.800.00

\$

0.00

SUBTOTALS \$

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

SCC - Small Contributor Committee

Schedule B - Part 2 Loan Guarantors		Amounts may be roun to whole dollars.	ded	Statemen	t covers period 07/01/2023	CALIFORN FORM	A460
SEE INSTRUCTIONS ON REVERSE				through	12/31/2023	Page 6	of15
NAME OF FILER Hacker for District Attorney 2028						I.D. NUMBER 1445	473
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	ţ	.OAN	AMOUNT GUARANTEED T PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND		L	ENDER		CALENDAR DATE  S PER ELECTION	
	COM OTH PTY SCC			DATE		(IF REQUIRED)	
			±				

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Enter on Summary Page, Line 17 only.

SUBTOTAL \$

Schedule	C tary Contributions Received		Amounts may be rounded to whole dollars.	ı				SCHEDULE
Nonnione	tary Contributions necessed				Statem	ent covers period	CALIFORN FORM	<sup>IA</sup> 460
					from	07/01/2023	- 1011111	
					through .	12/31/2023	_ Page7	of 15
SEE INSTRUCTION	NS ON REVERSE						LD. NUMBER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Hacker for E	District Attorney 2028						1445	5473
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIP GOODS OR		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
	Sarah Hacker	X  IND	Attorney	•••		528.00	4,381.53	3,856.00 P-202
12/19/2023	Hanford, CA 93230	COM OTH PTY SCC	Dias Law Firm Inc	Website re mor	newal for 6 hths			
Schedule	C Summary					•	* Contributor Codes	
	eived this period - itemized nonmonetary contribution Schedule C subtotals.)			\$	52	8.00	IND - Individual COM - Recipient Com (other than PT	
2. Amount rece	eived this period - unitemized nonmonetary contribut	ions of less tha	n \$100	\$	·	.00	OTH - Other (e.g., bus PTY - Political Party	siness entity)
	onetary contributions received this period. and 2. Enter here and on the Summary Page, Colum	nn A, Lines 4 a	nd 10.)	_TOTAL \$	52	8.00	SCC - Small Contribut	tor Committee

Schedule D Summary o Supporting/ Candidates	f Expenditures Opposing Other , Measures, and Committees	Amounts may to whole	y be rounded dollars.	State	07/01/20 12/31/20	23	CALIFO FOR	M 400
				through	12/31/20		Page	8 of <u>15</u>
NAME OF FILER Hacker for Dis	strict Attorney 2028						I.D. NUMBER 1445473	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)		AMOUNT THIS PERIOD	CALE	TIVE TO DATE NDAR YEAR 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
SCHEDULE D				•				r 0.00
1. Itemized cont	ributions and independent expenditures made this per	iod. (Include all Sche	dule D subtotals.) –				'	D
2. Uniternized co	ontributions and independent expenditures made this p	period of under \$100					. – – – -	\$
3. Total contribu	tions and independent expenditures made this period.	(Add Lines 1 and 2.	Do not enter on the Si	ummary P	age.)	- <del></del> -	TOTAL	\$ 0.00

SUBTOTAL \$

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

Statem	ent covers period 07/01/2023	california 460 form
through _	12/31/2023	Page 9 of 15

I.D. NUMBER

1445473

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE	
NAME OF FILER	_

### Hacker for District Attorney 2028

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

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 communications

MTG meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

TEL, t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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
Integrated Solutions: Political San Diego, CA 92116	OFC		85.00
Integrated Solutions: Political San Diego, CA 92116	QFC		85.00
ntegrated Solutions: Political San Diego, CA 92116	OFC		85.00
ntegrated Solutions: Political San Diego, CA 92116	OFC		85.00
Payments that are contributions or independent expenditures must also be summarized on Sched	lule D.	SUBTOTAL \$	340.00

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

Schedule E	
Payments Ma	ade

Amounts may be rounded to whole dollars.

through	12/31/2023	Page	10	of _	15

I.D. NUMBER

1445473

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

## Hacker for District Attorney 2028

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

CMP campaign paraphemalia/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 communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedu	le D.		SUBTOTAL \$	103.00	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)					
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)				0.00	
2. Unitemized payments made this period of under \$100 \$				175.00	
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)					
Citizens Business Bank Fresno, CA 93720	OFC			18.00	
Integrated Solutions: Political San Diego, CA 92116	OFC			85.00	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT		AMOUNT PAID	

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

	SCHEDULE F
Statement covers period	CALIFORNIA / CO
from07/01/2023	FORM 400
through12/31/2023	Page11 of15
	I.D. NUMBER 1445473

Hacker for District Attorney 2028

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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 communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$ 650,20	\$ 1,340.36	\$ 0.00	\$ 1,990.56
Vailey Vision Treasury Fresno, CA 93704	PRO Treasury services	0.00	1,016.10	0.00	1.016.10
Valley Vision Treasury Fresno, CA 93704	PRO Treasury services	0.00	324.26	0.00	324.26
Valley Vision Treasury Fresno, CA 93704	PRO Treasury services	650.20	0.00	0.00	650.20
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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may to whole				SCHEDULE		
Accided Experises (Olipaid Dills)			Statement cove		IFORNIA 460		
			from07/6	01/2023	ronivi 100		
			through12/3	31/2023 Pa	ge <u>12</u> of <u>15</u>		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				1.D. NU	JMBER		
Hacker for District Attorney 2028					1445473		
CODES: If one of the following codes accurately describes the pac CMP campaign paraphemalia/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	yment, you may enter the MBR member communication of the MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and survey POS postage, delivery a PRO professional service PRT print ads	cations earances research and messenger services	RAD radio a RFD retume SAL campai TEL t.v. or c TRC candidic TRS staff/sp TSF transfel VOT voter re	irtime and production costs d contributions gn workers' salaries able airtime and productior atte travel, lodging, and mea ouse travel, lodging, and no between committees of the	n costs als neals e same candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
SCHEDULE F SUMMARY							
Total accrued expenses incurred this period. (Include all Schedule F, Co accrued expenses of \$100 or more, plus total uniternized accrued expen				INCURRED TOTAL	S\$1,340.36		
<ol><li>Total accrued expenses paid this period. (Include all Schedule F, Column accrued expenses of \$100 or more, plus total unitemized payments on a</li></ol>		00.1		PAID TOTAL	<b>.\$\$</b> 0.00		
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference on the Summary Page, Column A, Line 9.)	e here and			NE-	г <b>s</b> 1.340.36		
					1,5,70.50		

SUBTOTALS \$

0.00

\$

0.00

\$

0.00

0.00

\$

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

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Stateme from	07/01/2023 12/31/2023	CALIF FO	RM	A 4	15
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		""" -				·· _	
Hacker for District Attorney 2028				I.D. NUMBEI	<sup>₹</sup> 14454	73	
NAME OF AGENT OR INDEPENDENT CONTRACTOR  CODES: If one of the following codes accurately describes the	navment, you may enter the code. Otherwise	describe the n	avment				
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 communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and product returned contributions campaign workers' salarie t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodgir transfer between committ voter registration information technology c	es roduction costs and meals ag, and meals ees of the same	e candidate	e/spons	or
NAME AND ADDRESS OF PAYEE	CODE OD D	-CODIDTION OF DAY	78.4CB.TT		0.140	LINEE CA	ın

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

TOTAL \* \$

<sup>\*\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

			ounts may be rounde to whole dollars.	ed				SCHEDULE
			to more donard.		Statement coverage from07/	ers period 01/2023	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE					through12/	31/2023	Page 14	of <u>15</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hacker for District Attorney 2028							I.D. NUMBER 1445	473
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENESS TH PERIOD *		(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				\$ FORGIVEN	_   \$	RATE	\$	PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	

SUBTOTALS	\$	\$ \$	

Schedule I Miscellaneous Increases to Cash		may be rounded		SCHEDULE
		iole dosiars.	Statement covers period from07/01/2023	CALIFORNIA 460
SEE INSTRUCTIO	DNS ON REVERSE		through 12/31/2023	Page15 of15
NAME OF FILER				LD. NUMBER
Hacker for	District Attorney 2028			1445473
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCF	RIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
07/01/2023	Jacob Hower  Hanford, CA 93230	Refur	nd for over payment	1,139.25
Schedule	I Summary	1		
1. Itemized in	ncreases to cash this period		\$1,139.25	_
2. Unitemized	I increases to cash of under \$100 this period.	. <b></b>	\$0.00	_
3. Total of all	interest received this period on loans made to others. (Schedule H, Column (e).)		\$0.00	
	ellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Page, Line 14.)		· ·	

\_\_\_\_\_TOTAL \$ \_\_\_\_1.139.25

SUBTOTAL \$

1,139.25