

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

| | |
|--|---|
| Statement covers period from <u>7/1/23</u> through <u>12/31/23</u> | Date of election if applicable: (Month, Day, Year) <u>JAN 31 2024</u> |
| Page <u>1</u> of <u>4</u> For Official Use Only | |

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1453654

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY **Signal Hill** STATE **CA** ZIP CODE **90755** AREA CODE/PHONE **[REDACTED]**

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

CITY **[REDACTED]** STATE **[REDACTED]** ZIP CODE **[REDACTED]** AREA CODE/PHONE **[REDACTED]**

OPTIONAL: FAX / E-MAIL ADDRESS

tlhesquire@aol.com

Treasurer(s)

NAME OF TREASURER

Tina L. Hansen

MAILING ADDRESS
[REDACTED]

CITY **Signal Hill** STATE **CA** ZIP CODE **90755** AREA CODE/PHONE **[REDACTED]**

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY **[REDACTED]** STATE **[REDACTED]** ZIP CODE **[REDACTED]** AREA CODE/PHONE **[REDACTED]**

OPTIONAL: FAX / E-MAIL ADDRESS

tlhesquire@aol.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 1/31/24 Date 1/31/24

By **[REDACTED]**

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

Executed on Date

By **[REDACTED]**

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on Date

By **[REDACTED]**

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

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

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Tina L. Hansen

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

Signal Hill City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Signal Hill CA 90755

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? |
|-------------------|-----------------------|

YES 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? |
|-------------------|-----------------------|

YES NO

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

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

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

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/1/23 through 12/31/23

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

I.D. NUMBER

1453654

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|---------------------------|---|---|
| 1. Monetary Contributions..... | <i>Schedule A, Line 3</i> | \$ 0 | \$ 10,744 |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> | \$ 0 | \$ 904.77 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | <i>Add Lines 1 + 2</i> | \$ 0 | \$ 11648.77 |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> | \$ 0 | \$ 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> | \$ 0 | \$ 11648.77 |

Expenditures Made

| | | | |
|---|-----------------------------|-----------|------------|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> | \$ 250.00 | \$ 8797.72 |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> | \$ 250.00 | \$ 8797.72 |
| 9. Accrued Expenses (Unpaid Bills)..... | <i>Schedule F, Line 3</i> | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment..... | <i>Schedule C, Line 3</i> | \$ 0 | \$ 0 |
| 11. TOTAL EXPENDITURES MADE..... | <i>Add Lines 8 + 9 + 10</i> | \$ 0 | \$ 8797.72 |

Current Cash Statement

| | | |
|---|--|------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ 3101.51 |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ 0 |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ 0 |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ 250.00 |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 2851.00 |

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

| | | |
|------------------------------------|---------------------------|------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ 0 |
|------------------------------------|---------------------------|------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|--|------|
| 18. Cash Equivalents | <i>See Instructions on reverse</i> | \$ 0 |
| 19. Outstanding Debts | <i>Add Line 2 + Line 9 in Column B above</i> | \$ 0 |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | | |
|-------------------------------|----------|----------|
| 20. Contributions Received | \$ | \$ |
| 21. Expenditures Made | \$ | \$ |

1/1 through 6/30 7/1 to Date

**Expenditure Limit Summary for State
Candidates**

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

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.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Re-Elect Tina L Hansen to Signal Hill City Council 2022

Statement covers period
from 7/1/23

through 12/31/23

SCHEDULE E
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1453654

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 |
|---|------|----|------------------------|-------------|
| Committee to Re-Elect Lori Woods Signal Hill City Council 2024/ID #1392824 [REDACTED] Signal Hill, CA 90755 | CTB | | | 250.00 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 250.00

Schedule E Summary

| | |
|--|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 250.00 |
| 2. Unitemized payments made this period of under \$100 | \$ 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 250.00 |