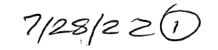
Major Donor and Independent Expenditure Committee Campaign Statement

Amendment (Explain): _



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

www.fppc.ca.gov

/ Date Stamp

Statement covers period from 01/01/2022 through 06/30/2022 1. Name and Address of Filer NAME OF FILER Warren Dixon Dern RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET) CITY STATE ZIP CODE	Date of election if applicable: LOS ANGELES COUNTY (Month, Day, Year) Page 1 of 2
1. Name and Address of Filer NAME OF FILER Warren Dixon Dern RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)	2022 AUG -2 PM 1: 05 For Official Use Only
Warren Dixon Dern RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)	
Sherman Oaks RESPONSIBLE OFFICER (If filer is other than an individual) 310-248-5115 2. Nature and Interests of Filer (Complete each applicable section.) A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINES NAME OF EMPLOYER/BUSINESS Sloane Offer Weber Dern ADDRESS OF EMPLOYER/BUSINESS Los Angeles, CA 90067	3. Summary (Amounts may be rounded to whole dollars.) 1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.)
A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTEREST AFILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY	I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of mv knowledge the information contained herein is true a y under the laws of the State of C
7	Executed on 7/27/22 DATE DIVIDUAL

Major Donor and Independent Expenditure Committee Campaign Statement

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2022	CALIFORNIA 461		
through	Page 2 of 2		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Warren Dixon Dern

5. C	Contributions	(Including Loans	, Forgiveness	of Loans, and	d Loan Guarante	es) and Expenditure	s Made
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(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
3/16/22	Committee to Support The Recall of DA George Gascon 500 W. Colorado St, Unit C Box #455 Glendale, CA 91204 - ID: 1440808	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Committee to Support the Recall of DA George Gascon ☑ Support ☐ Oppose	\$10,000	\$10,000
3/31/22	Committe to Support Recall of George Gascon 500 W. Colorado St. Unit C Box #455 Glendale CA 91204 - ID: 1440808	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Committee to Support the Recall of DA George Gascon	\$5,000	\$5,000
6/15/2022	Luna for Sheriff 249 E. Ocean Blvd., #670 Long Beach, CA 90802 ID #: 1442721	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Luna for Sheriff ✓ Support ☐ Oppose	\$1500	\$1500
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support ☐ Oppose		
				SUBTOTAL \$	\$17000	