7/28/22 FC \$722

COVER PAGE

COVER PAGE

Recipient Committee Campaign Statement	LOS ANGELES COUNT FORM 460			
Cover Page	Statement covers period	Date of Election if applicable?	JUL 29 PM 3:57	Page 1 of 3
	from 01/01/2022	I		For Official Use Only
	through 06/30/2022	(Month, Day, Year)	MPAIGN FINANCE	011329
	Primarily Formed Ballot Measure Committee Controlled Sponsored	2. Type of Statement Pre-election State Semi-Annual State Termination State Amendment	ement ☐ Spe ment ☐ Su	arterly Statement ecial Odd-Year Statement pplemental Pre-election ttement - Attach Form 495
Ornall Contributor Committee	Primarily Formed Candidate/ Officeholder Committee			
3. Committee Information	I.D. Number	Treasurer(s)		
COMMITTTEE NAME Trisha Murakawa for El Camino Communi	ty College Board 2020	NAME OF TREASURER Jane Leiderman STREET ADDRESS		
ATTES ADDRESS 440 DO 2004		CITY		- 7/D 0005 APEA 0005/00/01
STREET ADDRESS (NO PO BOX)		Encino	STATE CA	E ZIP CODE AREA CODE/PHONE 91436 323/655-4065
CITY S Encino	TATE ZIP CODE AREA CODE/PHONE CA 91436 323/655-4065	NAME OF ASSISTANT TREASUR	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS		
CITY	TATE ZIP CODE	CITY	STAT	E ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	, <u>.</u>	OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in prepar complete. I certify under penalty of perjury to the complete of	under		ledge the information co	ontained herein is true and
7/20/2022	y		NT TREASURER	
	у		PROPONENT OR RESPONSIBLE OFFIC	ER OF SPONSOR
		MIDAT	E, STATE MEASURE PROPONENT	

Recipient Committee Campaign Statement Cover Page - Part 2

COVER PA	GE - PART 2
CALIFORNIA	460
EOPM	.410111

Statement covers period	Page	2	of 3
from 01/01/2022	,		
through 06/30/2022		, .	

		· · · · · · · · · · · · · · · · · · ·		
5.	Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE Trisha Murakawa OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICE BOARD OF Education El Camino) RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		6. Primarily Formed Ballot Measure Committee NAME OF BALLOT MEASURE BALLOT NO. OR LETTER JURISDICTION Support OPPOSE Identify the controlling officeholder, candidate, or state measure proponent, if an NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT	E .
	Related Committees Not Included in this State not included in this statement that are controlled by you receive contributions or make expenditures on behalf of COMMITTEE NAME Murakawa for El Camino Community College Board 2024	or are primarily formed to your candidacy. I.D. NUMBER 1442046	OFFICE SOUGHT OR HELD 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	
	NAME OF TREASURER Jane Leiderman COMMITTEE STREET ADDRESS (NO P.O. BOX) CITY STATE Encino CA	ZIP CODE AREA CODE/PHONE 91436 323/655-4065	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SU	JPPORT PPOSE
	COMMITTEE NAME NAME OF TREASURER	LD. NUMBER CONTROLLED COMMITTEE ?	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	JPPORT PPOSE
	COMMITTEE STREET ADDRESS (NO P.O. BOX) CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUI	JPPOSE JPPORT PPOSE

Campaign Disclo	sure	Statement
Summary Page		

Statement covers period		CALIFORNI	A 460
from	01/01/2022	FORM	40U
through	06/30/2022	Page	3 of 3
	. , .	ID NUMBER	

NAME OF FILER Trisha Murakawa for El Camino Community College Board 2020

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 0.00	\$ 0.00	General Elections.
2. Loans Received Schedule B, Line 3	0.00	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0.00	\$ 0.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0.00	\$ 0.00	Made \$
Expenditures Made			
6. Payments Made	\$ 0.00	\$ 0.00	Expenditure Limit Summary
7. Loans Made	0.00	0.00	for State Candidates
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0.00	\$ 0.00	22. Cumulative Expenditures Made *
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00	(If Subject to Voluntary Expenditure Limits)
10. Nonmonetary Adjustment		0.00	
		s 0.00	
11. TOTAL EXPENDITURES MADE	\$ 0.00.	\$ 0.00	<u> </u>
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page; Line 16	\$ 12.843.35		
	Ψ		
13. Cash Receipts Column A, Line 3 above	0.00		* Amounts in this Section may be different from amounts
14. Miscellaneous Increases to CashSchedule I, Line 4	0.00		reported in Column B.
15. Cash Payments	0.00	•	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 12,843.35		· .
17. LOAN GUARANTEES RECEIVED	\$ 0.00		·
Cook Equivalents and Outstanding Dakts		,	
Cash Equivalents and Outstanding Debts	\$ 0.00		*
Cash Equivalents			FPPC Form 460 -(JAN/2016)
			State of California/SI