Recipient Conimittee	j	ý 4.	7/27/23U	CALIFORNIA 460
Campaign Statement Cover Page			LOS ANGELES COUN	FORM TOU
	Statement covers period from Jan 31, 2023	Date of election if applicable: (Month, Day, Year)	2023 JUL 28 PM 2: 4	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through July 31, 2023	Nov. 08, 2022	CAMPAIGN FINANCE	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	TOTAL BEGINS	44
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt Specia t Termination)	erly Statement al Odd-Year Report
3. Committee Information	D. NUMBER	Treasurer(s)		
Jean Lin Christen for School Bow	nd PupuSD 2022	Paul Christe		
Rancho Paws Verdes CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	1073 30.963-5258	Lancho Palos VI NAME OF ASSISTANT TREASUR N/A MAILING ADDRESS W/A	STATE ZIP COL VOUS CA 9027 RER, IF ANY	
CITY STATE ZIP CO		CITY	STATE ZIP COD	
N/A	0/A N/A	OPTIONAL: FAX/E-MAIL ADDR Paulch 2020 (	ESS	/A N/A
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of		•		ue and complete. I
Executed on July 31 7023  Executed on July 31 7023				•
Executed on July 31, 2023				

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of 17

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Jean Liu Christen			n A				•
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
DUDICE OLICE P			AG	N,	4	1 —	OPPOSE
PUSD School Board RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP						
			Identify the controlling officel	holder, candi	date, or state mea	sure propoi	nent, if any.
<u> Rancho P</u>	hosverdus CA goz75		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR F	ROPONENT		
Deleted Committees Not Included in this State	tomont.		μA				
Related Committees Not Included in this State not included in this statement that are controlled by you or			OFFICE SOUGHT OR HELD		DIS	TRICT NO. IF	ANY
contributions or make expenditures on behalf of your candi	dacy.		NA				
COMMITTEE NAME	I.D. NUMBER		- (477)				
AH	NA						
		7.	Primarily Formed Candi	idate/Offic	eholder Comm	ittee List	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) i	for which this	committee is prima	rily formed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	1
	(OX)		Jean Liu Christ	210			SUPPORT
N A	DDE AREA CODE/PHONE				Apriso Sch	<del></del>	OPPOSE
AA	AKENOODEITIONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
	Lie vuines						☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
A 4	NA .						OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	
NA	☐ YES ☐ NO					S. T. T. LELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	ox)				L		OPPOSE
NA							
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	h continuatio	on sheets if necess	sary	
AA							

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

Column B

CALENDAR YEAR

TOTAL TO DATE

SUMMARY PAGE

Statement covers period CALIFORNIA from Jan. 31, 2023 FORM of. 17 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

Contributions Received

NAME OF FILER

Liu Christen

		1451016	
	Calendar Year Sum Running in Both th General Elections		
-	1/1 t	hrough 6/30 7/1 to	Date
-	20. Contributions Received \$	\$	
-	21. Expenditures Made \$	\$	
-	Expenditure Limit S	Summary for State	•
-		ve Expenditures Made Voluntary Expenditure Limit)	
-	Date of Election (mm/dd/yy)	Total to	Date
		,	
-	11 1 081 22	\$	
-	11 , 08, 22		

1. Monetary Contributions ...... Schedule A, Line 3 Ø Loans Received ...... Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Nonmonetary Contributions..... Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made** 6. Payments Made...... Schedule E, Line 4 7. Loans Made...... Schedule H. Line 3 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 10. Nonmonetary Adjustment...... Schedule C, Line 3 11. TOTAL EXPENDITURES MADE ...... Add Lines 8 + 9 + 10 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B, 13. Cash Receipts ...... Column A, Line 3 above add amounts in Column A to the corresponding 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B 75.39 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

SEE INSTRUCTIO	Contributions Received		ts may be rounded whole dollars.	Statement con from Jan , 3 through July 3	1,2023	CALIFOR FORM Page	of_17
lean l	Lia Christen					1451	
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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	DATE P	ER ELECTION TO DATE F REQUIRED)
	NA	□ IND □ COM □ OTH					
	NA	SCC IND COM OTH PTY SCC					
	NA	OTH SCC					
	N A -	☐IND ☐COM ☐OTH ☐PTY ☐SCC					
	NA _	□ IND □ COM □ OTH □ PTY □ SCC					ے
		1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	SUBTOTAL	Ø			
(Include all	A Summary  ceived this period – itemized monetary contribution I Schedule A subtotals.)  ceived this period – unitemized monetary contribute etary contributions received this period.			Ø Ø	IND COM OTH PTY-	ributor Codes Individual Recipient Co (other than P Other (e.g., b Political Party Small Contrib	TY or SCC) susiness entity)
	1 and 2. Enter here and on the Summary Page, C	Column A, Line 1.	.)TOTAL \$		PPC Advice:	FPPC Form	ı 460 (Jan/2016)) 3772)

a.gov

	Am	ounts may be ro	unded				SCHEE	ULE B - PART	
Schedule B – Part 1	to whole dollars.			Γ	Statement cov	•	CALIFORNIA 460		
Loans Received					from \$1011.31	2023	FORM	400	
SEE INSTRUCTIONS ON REVERSE					through July 3	31,2023	Page 5	of []	
NAME OF FILER							I.D. NUMBER		
Jean Lia Christen							1451	018	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE	
				PAID \$	. \$	%	\$	\$	
		s	s	FORGIVEN		RATE S		PER ELECTION	
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED		
				\$	.   \$	%	s	CALENDAR YEAR	
				FORGIVEN		RATE		PER ELECTION	
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID	1			CALENDAR YEAR	
				\$	\$	RATE	s	\$ PER ELECTION	
								PERELECTION	
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$		DATE DUE	1	DATE INCURRED	5	
	S	SUBTOTALS \$	5	\$	\$	\$			
Schedule B Summary					pc/	(Enter (e) on Sche	dule E, Line 3)		
1. Loans received this period				\$	Ø				
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period				\$	Ø		Contributor Codes		

(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.

(May be a negative number)

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

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

### Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Statement covers period from Jan. 31, 2023	CALIFORNIA 460
through July 31, 2023	Page 6 of 1
	ID NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER					I.D. NUMBER	2
Jean Liu Christen					145	51018
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 OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER		CALENDAR YEAR	
	СОМ				\$	
	□OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	:
·	□scc				\$	
	□IND		LENDER		CALENDAR YEAR	
	□сом				\$	
	□OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$	
	□ind		LENDER		CALENDAR YEAR	
	□сом				\$	
	□OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$	
	□IND		LENDER		CALENDAR YEAR	
	□сом				\$	
	□отн □рту		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$	
SUBTOTAL \$ Summary Page, Line 17 only.						

Schedul	e C		Amounts may be rounded to whole dollars.						SCHEDULE	
Nonmon	etary Contributions Received		to whole donars.	Statement covers period from Jan 31, 2023				CALIFORNIA 460		
					İ					
SEE INSTRUCT	TIONS ON REVERSE				thro	nughterly 31,	100	Page _	}_ or 17_	
NAME OF FILE	R							I.D. NUM	BER	
Jean	Lia Christen							14	51018	
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 OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 - I	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC	NA							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	N A							
		□IND □COM □OTH □PTY □SCC	NA							
		□IND □COM □OTH □PTY □SCC	1	JA						
Attach add	itional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$					
1. Amount r (Include a  2. Amount r	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.) received this period – unitemized nonmonetary monetary contributions received this period	ary contributi				Ø	OTH PTY	other th - Other (e. - Political F	it Committee an PTY or SCC) g., business entity)	
(Add Line	es 1 and 2. Enter here and on the Summary	Page, Colur	nn A, Lines 4 and 10.)	TOTA	L \$ _	~	_			

FPPC Form 460 (Jan/2016)) ---/275-3772)

FPPC Advice: a

ppc.ca.gov

	y of Expenditure		Amounts may be re to whole dolla		Statement cover	rs period	CALIE	SCHEDULE I	
	ing/Opposing Oth tes, Measures an		to whole dolla	,,,,	from Jan. 31.	2023	FORM 460		
	TIONS ON REVERSE	u committees			through Jaly 3	, 2023	Page	} of 17	
NAME OF FILE	Jean Liu C	hnisten					1.D. NUM 145	1019	
DATE	MEASURE NUMBER OF	, OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION  TO DATE (IF REQUIRED)	
			Monetary Contribution						
		- NA	Nonmonetary  Contribution						
	☐ Support	Oppose	Independent Expenditure						
		NA	Contribution						
		<b>40</b> 74	Contribution  Independent						
	☐ Support	Oppose	Expenditure						
			Contribution						
		NA	Contribution Independent					The state of the s	
	☐ Support	☐ Oppose	Expenditure						
				SUBTOTAL	Ø				
Schedule	e D Summary								
1. Itemized	contributions and indep	endent expenditures made	e this period. (Include	all Schedule D subtotals.).			\$ _	Ø	
2. Unitemiz	ed contributions and ind	lependent expenditures m	ade this period of unde	er \$100	•••••		\$_		
3. Total con	ntributions and independ	ent expenditures made thi	s period. (Add Lines 1	and 2. Do not enter on th	e Summary Page	.) TO	TAL \$	Ø	

Summary Supporting Candidate	D ation Sheet) of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b to whole do		Statement covers from Jan 31, through July 31	7023		
NAME OF FILER	Liu Christen					1.D. NUM	18 1018
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	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	NA				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	NA				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	NA				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	NA _				
			SUBTOTAL	\$ 0			

Schedule	E
<b>Payments</b>	Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars. from Jan 31 2023

CALIFORNIA 460

SCHEDULE E

Page 10 of 17

I.D. NUMBER

1451018

Jean Llu Christen

Jean Cin Comston

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 LD. NUMBER)	CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
John Cruikshank for Supervisor 2024	ств	Contribution to another campaign to zero-out my out.	\$75.39
		N A	
		NA	

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

SUBTOTAL\$ 75.39

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)

Jean Liu Christen for School Board PVPUS)	
Jean Liu Chinsten for School Board PVPOSO	The state of the s
and the state of t	The state of the s
Rancho Palos Verdes CA 90275	July 27, 2023
「Add Survey and Conference Conf	The state of the s
The state of the second st	The second of th
ORDER OF JOHN CRUIKSMANK tw 2	supervisor 2027\$ 75.07 100
Seventy-five dollars and	39 (7) Solitores (1) February
MALAGA  A N K	
	And the second s
ECR CONTROL TO SELECT THE CONTROL TO SELECT THE CONTROL TO SELECT THE CONTROL OF	Year shall provide the second
(i) and confidence of the c	000116

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.) Statement covers period CALIFORNIA **FORM** from Jan. 31, 2023 through July 31, 2023 Page 12 of 17 I.D. NUMBER

1451018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEG

Jean Liu Christen

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

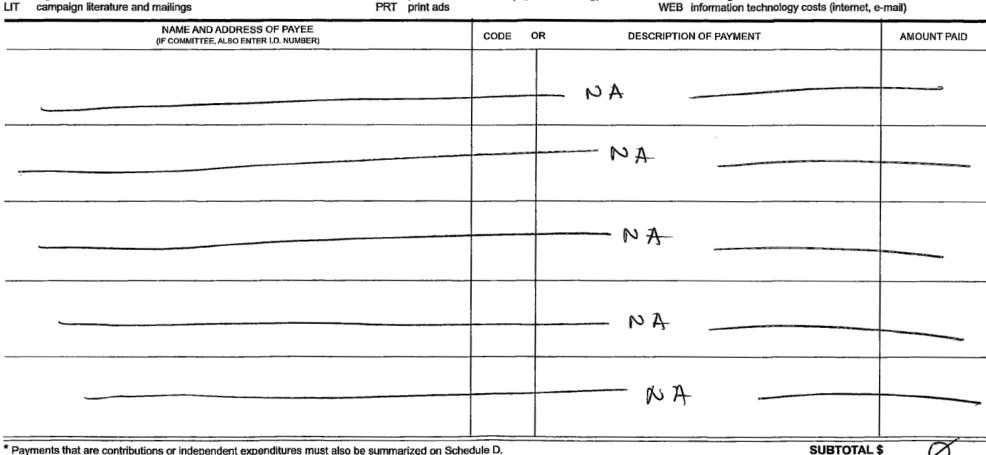
CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances CNS RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL

fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

PRO professional services (legal, accounting) VOT voter registration legal defense

PRT print ads

WEB information technology costs (internet, e-mail)



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

Amounts may be rounded to whole dollars.

Statement covers period

**CALIFORNIA FORM** 

I.D. NUMBER

1451018

iu Christen

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

SEE INSTRUCTIONS ON REVERSE

candidate filing/ballot fees

fundraising events

independent expenditure supporting/opposing others (explain)\*

legal defense

NAME OF FILER

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

PRO professional services (legal, accounting)

POS postage, delivery and messenger services

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

campaign workers' salaries t.v. or cable airtime and production costs

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

transfer between committees of the same candidate/sponsor

voter registration

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
		MA			
		NA			
		WA.			
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	<u> </u>	, Ø \$	Ø	

#### 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 accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)......PAID TOTALS \$

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 

May be a negative number /2016}}

FPPC Advice: advic 5-3772)

:.ca.gov

Schedule F
Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from Jan 31, 2023

CALIFORNIA 460

SCHEDULE F (CONT.)

Page 14 of 15

I.D. NUMBER

1451018

Jean Un Christen

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

MBR member communications

MBR member communications

MFG meetings and appearances

MFD radio airtime and production costs

returned contributions

CHE campaign consultants

CFC office expenses

SAL campaign workers' salaries

CVC civic donations

PET petition circulating

TEL t.v. or cable airtime and production costs

FIL candidate filling/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration
LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

			1		
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
			NA _		
			- NA		
			—— NA		
			NA		
	SUBTOTALS	8	\$ Ø	s Ø	\$ Ø

Schedule	G .		
<b>Payments</b>	Made by ar	n Agent or I	ndependent
Contracto	r (on Behalf	of This Co	mmittee)

Amounts may be rounded to whole dollars.

Statement covers period from Jan 31 2023 **CALIFORNIA** FORM

SCHEDULE G

I.D. NUMBER

1451018

NAME OF FILER lean

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

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

contribution (explain nonmonetary)\*

CVC civic donations

candidate filing/ballot fees FIL FND fundraising events

independent expenditure supporting/opposing others (explain)\* IND

LEG legal defense

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

PRO professional services (legal, accounting)

POS postage, delivery and messenger services

PRT print ads

RAD radio airtime and production costs

returned contributions

campaign workers' salaries

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

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
		NA		
				-
		NA		
		NA		
ach additional information on appropriately labeled continuation sheets.			TOTAL* \$	X

\* 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.

FPPC Form 460 (Jan/2016)) 75-3772

FPPC Advice: ad

c.ca.gov

								SCHEDULE H
Schedule H Loans Made to Others*		Amounts may be rounded statement covers period to whole dollars.				CALIFORNIA / A		
SEE INSTRUCTIONS ON REVERSE					through July 3	31, 7030	Page 16	of_17_
NAME OF FILER	0				,		I.D. NUMBER	
Jean Lin	Christen						1451	018
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN 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 O FORGIVENES THIS PERIOD	S BALANCE AI	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
, , ,				☐ PAID				CALENDAR YEAR
	NA -			\$	\$	RATE	*	\$
	/ %/ 1			☐ FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
	- N A-			8	\$	%	\$	\$
	N/			☐ FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgiver reported on Schedule E.	must also be	SUBTOTALS	s NA	s NA	s NA	s NA		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary						· ~	١.	
1. Loans made this period					\$	<u> </u>	Г	**If Deguired
(Total Column (b) plus unitemized loans of less than \$100.)  2. Payments received on loans						Ø	L	**If Required
(Total Column (c) plus uniternized paym 3. Net change this period. (Subtract Line 2	ents of less than \$100.)					Ø		
(Enter the net here and on the Summar				••••••••				

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(May be a negative number)

Schedule I			Amounts may b	ne rounded	SCHEDULE				
Miscellan		creases	s to Cash	to whole d		Statement	covers period	CALIFORNIA 460	
						from Jan	31,2023	FORM 400	
SEE INSTRUCTION	ONS ON REV	ERSE			through July 31,			Page 7 of 12	
NAME OF FILER	DING ON KEY	LNOL					-	I.D. NUMBER	
	Jean	Lin	Christen					1451018	
DATE RECEIVED			FULL NAME AND ADDRESS OF SO (IF COMMITTEE, ALSO ENTER I.D. NUM		DES	CRIPTION OF RE	CEIPT	AMOUNT OF INCREASE TO CASH	
			NA						
					- NA	•			
					- NA				
					+ NA				
					- NA				
Attach add	itional infor	mation on a	appropriately labeled continuation	sheets.			SUBTOTAL	\$ Ø	
Schedule 1		•	norical				Ø		
			s period				Ø	•	
			of under \$100 this period s period on loans made to oth				Ø		
4. Total misce	ellaneous	increases	to cash this period. (Add Line	es 1, 2, and 3. Enter here	and on the		Ø		
22	90,	· ···, ······					FPPC Advice: advice	FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772)	

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Statement of C Recipient Com	•				Date	Stamp	CALIFOR	/
			_/_		4		to FORM	,
Statement Type	☐ Initial	☐ Amendment	Ū∕ Ten	mination - See Part 5	11,-	1/23	202: ""	Ifficial Use Only
	O Not yet qualified						OZ JUL 28 P	900
	or O Date qualification threshold met	Date gualification threshold met	١,	Date of termination	USP	5 0	, 1 5- 40 P/	42:15
	Date qualification threshold met	Date quantication threshold met			1 550		PAIGN FIL	
	/	//	0-	<u>7 ,31 ,222</u> 3	' <b> </b>	• (	OSURESE	460. ·
1. Committee	Information I.D. Numbe	1451018		2. Treasurer and	Other Princi	pal Office	rs	
NAME OF COMMITTEE			T	NAME OF TREASURER				
1	IN CHRISTEN POY	r school board	> [	PAUL 3	5. CHRI	STEN	J	
PVPUSI	> 2022							
	·						ZIP CODE	AREA CODE/PHONE
			- 1	م ماداده ۷	MAC VE	2000	CA 90275	
ł city	STATE ZIP C	DDE AREA CODE/PHONE		NAME OF ASSISTANT TREASURE		16/10/2	CAT 40273	Sic to to to the
RANCHO	PALOS VERDES CA 9		58	N/A	III, II ANI			
FULL MAILING ADDRESS (I	F DIFFERENT)			STREET ADDRESS (NO P.O. BOX)				
N/A				A\N				
60 JEAN	edi/fax(optional) CHRISTEN BGMA	IL COM		N/A		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COM	IMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)	)			
LOS ANGE	ites los ange	LES, PUPUS	0	A/N				
				STREET ADDRESS (NO P.O. BOX)				
				CITY		STATE	ZIP CODE	AREA CODE/PHONE
Attach additional	l information on appropriately la	beled continuation sheets.		AIN		SINIE		AREA GODEFFRONC
3. Verification	1 .				and the second			
I have used all re	asonable diligence in preparing t	his statement and to the best	of my k	nowledge the informa	tion contained	nerein is tru	e and complete.	certify under
	y under the laws of the State of						- u.u. cop.c.u.	and and an
Executed on	7/27/23 By							
Executed on	7/27/23							
	• DATE							*
Executed on	DATE							
Executed on	DATE By	SIGNATURE OF CONTROL	OLUNG OFF	ICEHOLDER CANDIDATE OR STATE	MEASURE DRODOMENT		<del></del>	