Recipient Committee Campaign Statement Cover Page		202	7/31/23 NAME	CALIFORN IA 460
	Statement covers period from 01/01/2023	Date of election if applicable (Month, Day, Year)	MPAIGN FINANCE SCLOSURE SECTION	For Official Use Only 020440
SEE INSTRUCTIONS ON REVERSE	through	11/08/2022		C11032
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Compile Part 5) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central 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 To Amendment (Explain b	t	terly Statement vial Odd-Year Report
3. Committee Information	D. NUMBER 1410219	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
SHARLENE DUZICK FOR SUSD BOARD TRUSTE	EE 2022	SHARLENE DUZICK MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY SANTA CLARITA	STATE ZIP CO	
CITY STATE ZIP C		NAME OF ASSISTANT TREASURE	R, IFANY	
SANTA CLARITA CA 913	61 (661) 713-7365			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	ату	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	6S	
SHARLENEDUZICK@GMAIL.COM				
4. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on O7/29/2023				ue and complete. I
Executed onDate	By Signature of Con	trolling Officeholder, Candidate, State Measure Pr	oponent or Responsible Officer of Spons	or -
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	<u> </u>
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
	ORNI ORM	460					
Page _	2	of 16					

Officeholder or Candidate Co					٥.	Primarily Formed Ballo NAME OF BALLOT MEASURE	ot mousuic			
						WANTE OF BALLOT MEASONE				
SHARLENE DUZICK							JURISDICTIC			
OFFICE SOUGHT OR HELD (INCLUDE LOC	CATION AND DISTRICT I	NUMBER IF A	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	DN .		SUPPORT
SAUGUS UNION BOARD TRUST	EE AREA 5									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO.	AND STREET) CIT	Y	STATE	ZIP						
	SANTA C	LARITA	CA	91351		Identify the controlling offic	eholder, candi	date, or state me	easure propo	nent, if any.
						NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	OPONENT		
Related Committees Not Inclu	ided in this State	ament: /:	-4	mittoo.						
not included in this statement that are o						OFFICE SOUGHT OR HELD		D	ISTRICT NO. IF	ANY
contributions or make expenditures on	behalf of your candid	lacy.								
COMMITTEE NAME		I.D. NUMBER					· · · · · · · · · · · · · · · · · · ·			
			•							
					~	Drimorily Formed Con	d: d=4= (Off:=	- h - I d - a O		
NAME OF TREASURER		CONTROLLE	D COMMIT	TEE?	7.	Primarily Formed Cane officeholder(s) or candidate(s	didate/Offic	enolaer Com committee is pri	imittee List marily formed	t names of 1.
		☐ YES	□ №							
COMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BO)	X)				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGH	IT OR HELD	☐ SUPPOR
										OPPOSI
CITY	STATE ZIP COL	DE	AREA COD	E/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGH	IT OR HELD	
										SUPPOR
COMMITTEE NAME		I.D. NUMBER								L OPPOSE
		I.D. HOMBEN	•			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGH	IT OR HELD	☐ SUPPOR
								1		OPPOSE
NAME OF TREASURER		CONTROLLE	D COMMIT	TEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGH	IT OR HELD	
		YES	□ NO			THE OF OFFICE HOLDER OF	ANDIDATE	CITIES SOCIA	OKTILLD	SUPPOR
COMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BO)	X)						<u> </u>		OPPOSE
	-	-								
CITY	STATE ZIP COI	DE	AREA COD	E/PHONE		Atte	ach continuatio	on sheets if nec	ocean/	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

ontributions Received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR		mary for Candidates
SHARLENE DUZICK FOR SUSD BOARD TRUSTEE 2022				1410219
AME OF FILER				I.D. NUMBER
EE INSTRUCTIONS ON REVERSE		throug	h	Page 3 of [6
summary Page		from _	FORM 460	

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 Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$ 7250.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
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	\$ 99.00	\$ 6996.65	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	99.00 \$ 253.35	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received			its may be rounded whole dollars.	Statement cov 01/01/2023 from	vers period	CALIFORNIA 460		
				06/30/20	23	Page	of (6	
NAME OF FILER	DNS ON REVERSE						JMBER	
	E DUZICK FOR SUSD BOARD TRUSTEE 2022					1410		
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	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH PTY SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	5		,		
Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Ill Schedule A subtotals.)				IND - COM	(othe		
	eceived this period – unitemized monetary contribution	ns of less thar	1 \$100\$		PTY	Politic	al Party	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1	.)T OTAL \$		Cacc	- Small	Contributor Committe	

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

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o		Statement covers period 01/01/2023 from 06/30/2023 through			SCHEDULE A (CONCAPTION OF CALIFORNIA 460	
NAME OF FILER	DUZICK FOR SUSD BOARD TRUSTEE 2022					1.D. NU		
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 EAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY						

SUBTOTAL \$

□scc

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received	Am	nounts may be ro to whole dollar			Statement cov 01/01/2023 from	-	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					06/30/2	023	Page G	of 16	
NAME OF FILER							I.D. NUMBER		
SHARLENE DUZICK FOR SUSD BOARD TO	RUSTEE 2022						1410219		
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOL	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE	
Sharlene Duzick Canyon Country CA 91351	Sales Romeo Echo Real Estate	275.00	075.00	PAID \$ 275.00 FORGIVEN		% RATE	s	S PER ELECTION	
TENT COM OTH PTY SCC		\$	\$275.00	s	09/24/2022 DATE DUE	\$	DATE INCURRED	\$	
				PAID \$	\$		\$	\$ PER ELECTION	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	5	DATE INCURRED	\$	
				\$. \$	% RATE	\$	\$PER ELECTION	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	3	275.0	0 \$	\$			
Schedule B Summary 1. Loans received this period				\$		(Enter (e) on Schedule E, Line 3)			
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period	s of less than \$100.)					11	Contributor Codes		

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

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

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

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

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PTY - Political Party

(May be a negative number)

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

		0)		SCHEDULE B - PART 2						
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.					ORNIA 460			
SEE INSTRUCTIONS ON REVERSE				through.	06/30/2023	Page .	7 of 18			
NAME OF FILER						I.D. NU	MBER			
SHARLENE DUZICK FOR SUSD BOARD TRUSTE	E 2022		_			14102	19			
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIV TO DATE				
	□IND		LENDER			CALENDAR Y	EAR			
	□сом					\$	-			
•	□отн		DATE			PER ELECTION (IF REQUIRE				
	□PTY						,			
	□scc					•				

□сом

☐ OTH

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СОМ

☐ OTH

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☐ COM

□ OTH

□ PTY □ scc LENDER

DATE

LENDER

DATE

LENDER

DATE

SUBTOTAL \$

CALENDAR YEAR

PER ELECTION (IF REQUIRED)

CALENDAR YEAR

PER ELECTION (IF REQUIRED)

CALENDAR YEAR

PER ELECTION

(IF REQUIRED)

Enter on Summary Page, Line 17 only.

Schedule			to whole dollars.						SCHEDULE
Nonmone	etary Contributions Received		to whole dollars.		fron	Statement covers 01/01/2023 n	period 	FORM 460	
SEE INSTRUCTIO	NO ON DEVERSE				thro	06/30/2023 			
NAME OF FILER	NS ON REVERSE							I.D. NUME	BER
SHARLENE	DUZICK FOR SUSD BOARD TRUSTEE 2022	2						141021	
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	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)		PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC						· · · · · · · · · · · · · · · · · · ·	
		□IND □COM □OTH □PTY □SCC							
Attach additi	ional information on appropriately labeled	continuation	sheets.	SUBT	STAL S	3			
Schedule (C Summary						<u>(*Car</u>	ntributor Co	dee
1. Amount re	ceived this period – itemized nonmonetar				\$_		IND	– Individual /I – Recipiel	
2. Amount re	ceived this period - unitemized nonmone	tary contribut	ions of less than \$100		\$_		_ OTH		.g., business entity)
3. Total nonn (Add Lines	nonetary contributions received this periods 1 and 2. Enter here and on the Summary	d. y Page, Colur	mn A, Lines 4 and 10.)	тот/	\L \$ _				ontributor Committee

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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar	1	Statement covers 61/01/2023 from 06/30/2023		CALIFORNIA 460 FORM Page of		
NAME OF FILER	ONS ON REVERSE					I.D. NUME	BER	
SHARLENE	E DUZICK FOR SUSD BOARD TRUSTEE 2022					141021	9	
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	CUMULATIVE CALENDAR (JAN. 1 - DI	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	1000.00				
1. Itemized	D Summary contributions and independent expenditures maded contributions and independent expenditures maded contributions and independent expenditures maded.							
3. Total conf	tributions and independent expenditures made th	is period. (Add Lines 1	and 2. Do not enter on th	e Summary Page.) TO 1	ſAL \$_		

Summary Supporti Candidat	ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be to whole do		Statement covers period from 01/01/2023 through 06/30/2023		from 01/01/2023 06/30/2023			SCHEDULE D (CONT. ORNIA 460 Of 76 BEER
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	CUMULATIVE CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)		
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
			SUBTOTAL	\$					

Payments wade				fr	from		PRM			
OFF INOTELLOTIONS ON PENERS.				through 06/30/2023		_ Page _	<u> </u>	<i>DB</i>		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER								I.D. NUN	/BER	
SHARLENE DUZICK FOR SUSD BOARD TRUSTEE 2022			_					14102	19	
CODES: If one of the following codes accurately describes 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 MTG OFC PET PHO POL POS PRO	ayment, you member commeetings and office expension circul phone banks polling and supostage, delimprofessional suport ads	municatior I appearan es ating urvey resea very and m	ns ces arch nesser	nger services	RA RF SA TE TR TR VO	D radio airtime and producti D returned contributions	on costs s coduction cost and meals g, and meals ees of the san	ne candida	te/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	£		CODE	OR	DE	SCRIPT	TON OF PAYMENT		АМО	OUNT PAID
* Payments that are contributions or independent expenditures must also be	e summar	ized on Sche	dule D.				;	SUBTOTAL	\$	
Schedule E Summary										
Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100								\$		99.00
3. Total interest paid this period on loans. (Enter amount from										99.00

Amounts may be rounded

to whole dollars.

Schedule E

SCHEDULE E

CALIFORNIA

Statement covers period

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.				Statement covers period 01/01/2023 from 06/30/2023		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				thro	ough	— Page	10 of 16	
IAME OF FILER						I.D. NUMI	BER	
SHARLENE DUZICK FOR SUSD BOARD TRUSTEE 2022						1410219) 	
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional si	nmunications d appearances ses lating urvey research very and mess	enger services	RAI RFI SAL TEL TRO TRS TSF VOT	describe the paymer radio airtime and product returned contributions campaign workers' salar t.v. or cable airtime and p candidate travel, lodging staff/spouse travel, lodging transfer between commit voter registration information technology of	tion costs ies production costs , and meals ng, and meals ttees of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	₹	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID	

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

Schedule	∍ F		,
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2023 from	CALIFORNIA 460
through	Page 13 of 16
	I.D. NUMBER

1410219

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SHARLENE DUZICK FOR SUSD BOARD TRUSTEE 2022

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)*

civic donations

candidate filing/ballot fees fundraising events

independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

RAD radio airtime and production costs MBR member communications

RFD returned contributions MTG meetings and appearances

SAL campaign workers' salaries OFC office expenses PET petition circulating TEL t.v. or cable airtime and production costs

PHO phone banks TRC candidate travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services VOT voter registration PRO professional services (legal, accounting)

PRT print ads

WEB information technology costs (internet, e-mail)

campaign meratare and manings	Titl Pilitado	Print das			
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
			·		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$

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

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

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2023 through 06/30/2023	CALIFORNIA 460 FORM Page 6 of 6	
VAME OF FILER	T 0000		I.D. NUMBER 1410219	
SHARLENE DUZICK FOR SUSD BOARD TRUSTE	E 2022			
DATE FULL NAME AND ADDRESS OF SOUF (IF COMMITTEE, ALSO ENTER LD. NUMBER		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
		. (-		
			,	
			-	
Attach additional information on appropriately labeled continuation s	sheets.	SUBTOTAL	_\$	
Schedule I Summary 1. Itemized increases to cash this period	ers. (Schedule H, Column (e).)	\$ \$		

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SCHEDULE H Statement covers period Amounts may be rounded Schedule H **CALIFORNIA** to whole dollars. 01/01/2023 Loans Made to Others* **FORM** from_ 06/30/2023 through. SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER SHARLENE DUZICK FOR SUSD BOARD TRUSTEE 2022 1410219 (d) OUTSTANDING (g) IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OUTSTANDING AMOUNT CUMULATIVE INTEREST **ORIGINAL** REPAYMENT OR OCCUPATION AND EMPLOYER BALANCE BALANCE AT OF RECIPIENT LOANED THIS RECEIVED LOANS **AMOUNT OF** (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) **FORGIVENESS BEGINNING THIS** CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** TO DATE LOAN THIS PERIOD PERIOD PERIOD CALENDAR YEAR PAID RATE PER ELECTION* FORGIVEN DATE DUE DATE INCURRED CALENDAR YEAR ☐ PAID RATE PER ELECTION* FORGIVEN DATE INCURRED DATE DUE *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be SUBTOTALS reported on Schedule E. (Enter (e) on Schedule I, Line 3) **Schedule H Summary** 1. Loans made this period...... **If Required (Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans..... (Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	It Amou	nts may be rounde whole dollars.	Statement cover 01/01/2023 from	FOR	M 400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		· · · · · · · · · · · · · · · · · · · 		I.D. NUMBE	R
SHARLENE DUZICK FOR SUSD BOARD TRUSTEE 2022		-		1410219	
NAME OF AGENT OR INDEPENDENT CONTRACTOR			`		
CODES: If one of the following codes accurately described 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 * Payments that are contributions or independent expenditures must also be	MBR member or of meetings a office experition circ phone ban POL polling and POS professions PRT print ads	ommunications and appearances anses culating ks survey research elivery and messeng al services (legal, ac	RAD radio airtime and RFD returned contribution SAL campaign works TEL t.v. or cable airting TRC candidate travel TRS staff/spouse travel transfer between the counting)	d production costs utions ers' salaries me and production costs I, lodging, and meals vel, lodging, and meals r committees of the same co	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
-					
				, .	
	.,				
•		[

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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.