Executed on \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

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## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALI	FORNIA DRM	<sup>4</sup> 4	60			
Dage	2	of	13			

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	at the		· · · · · · · · · · · · · · · · · · ·	
Steven Llanusa							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT AN IMPER IS ADDITIONED.		BALLOT NO. OR LETTER	JURISDICTIO	DN.		· · · · · · · · · · · · · · · · · · ·
·	,		DALLOT NO, OK LETTER				SUPPORT
Claremont Unified School Board Trustee 2	022						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	Claremont CA 91711		Identify the controlling office	holder, candid	late, or state i	measure propo	onent, if any.
			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR P	ROPONENT		
Polated Committees Not Included in	this Otatomanta						
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarlly formed to receive		OFFICE SOUGHT OR HELD			DISTRICT-NO.	FANY
COMMITTEE NAME	I.D. NUMBER						<u> </u>
CHIMIT I LE TANIE	I.D. NOWDER						
							**
IAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office	eholder Co	mmittee Lis	t names of
			onicentialer(s) or candidate(s)	ior which this	committee is p	minarily formed	4.
							'
COMMITTEE ADDRESS STREET ADDRESS	(NO PO BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE		GHT OR HELD	T
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
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STATE  COMMITTEE NAME	(NO P.O. BOX)  ZIP CODE. AREA CODE/PHONE  I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	OPPOSE SUPPORT OPPOSE
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COMMITTEE NAME NAME OF TREASURER	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

7 S

Statement covers period from 10/23/2022 CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE		through.	12/31/2022	Page of
NAME OF FILER Steven Llanusa for Claremont Unified School Board Trustee 2022				I.D. NUMBER #1456489
	Column A	Column B	Calendar Year Sumi	
1. Monetary Contributions	**TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  ***  **O**  ***  **95*  **  **95*  **  **  **  *	\$\frac{1170.00}{2000}\$ \$\frac{3170}{0}\$ \$\frac{3170}{3170}\$	Running in Both the General Elections	
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  8. Schedule F, Line 3  11. TOTAL EXPENDITURES MADE  9. Add Lines 8 + 9 + 10	\$ 895 0 \$ 895 0 0 0 895	\$\frac{3170}{0}\$ \$\frac{3170}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{3170}\$		e Expenditures Made* //oluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	\$ 0 895 0 895 0	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,	*Amounts in this section m reported in Column B.	ay be different from amounts
17. LOAN GUARANTEES RECEIVED	\$ <u>0</u> \$ <u>0</u>	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Advice: advi	FPPC Form 460 (Jan/2016)) ce@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule .	A		ts may be rounded		:	SCHEDULE A		
Monetary	Contributions Received	· to	whole dollars.	Statement co		CALI	FORNIA 460	
, Marin Jah				from 10/23/2022		F	ORM TUU	
· · · · · · · · · · · · · · · · · · ·				10/21/0	000		4 of 13	
EE INSTRUCTIO	NS ON REVERSE			through 12/31/20	022	Page	of	
Steven Llanus	a for Claremont Unified School Board Trustee 2022					1.D. NU #14 <b>564</b>		
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 T CALENDAR Y (JAN, 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			1			
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,		OTH PTY SCC						
		□IND □COM □OTH □PTY □SCC						
	1:	, ,	SUBTOTAL	\$ 0		Call of		
. Amount red (Include all	A Summary  ceived this period – itemized monetary contributions Schedule A subtotals.)				IND CON OTH PTY	other) I – Other – Politica	ient Committee than PTY or SCC) (e.g., business entity)	
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	.y <b>TOTAL \$</b>		FPPC Advice: adv		C Form 460 (Jan/2016)) c.ca.gov (866/275-3772)	

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	Am	ounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1	Aill	to whole dollar		Γ	Statement cov	ers period	CALIFORA	11A 460
_oans Received		-			from 10/23/2022		FORM	<sup>IIA</sup> 460
	*						· Ortin	
BEE INSTRUCTIONS ON REVERSE					through 12/31/20	)22	Page 5	of 13 "
IAME OF FILER							I.D. NUMBER	
Committee to Elect Steven Llanusa for Clarem	ont Unified School Board Tru						#1456489	
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 PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Steven Llanusa	Teacher, Colton Unified School District		,	₹ PAID s 653.50	s <u>0</u>	0 %	\$_1005	s 2000
Claremont, CA 91711	t ve e	1105	895	FORGIVEN	12/25/22	s 0	9/8/2022	PER ELECTION** s 2000
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				. ,	DATE DUE .		DATE INCURRED	
	3			\$ PAID  \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	2
				\$  FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	, s	SUBTOTALS \$	995 \$	753.50	\$ 0	\$		
Schedule B Summary  Loans received this period					5.	(Enter (e) on Sche	dule E, Line 3)	
(Total Column (b) plus unitemized loans. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that). Net change this period. (Subtract Line Enter the net here and on the Summan	00 paid or forgiven.) t are also itemized on Sche e 2 from Line 1.)	dule A.)		24:	1.50	C	Contributor Codes ND – Individual COM – Recipient C (other than OTH – Other (e.g., TY – Political Part CC – Small Contri	ommittee PTY or SCC) business entity)
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.	1		(N	lay be a negative number)		*.	. 1

\*\* If required.

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Schedule	C		Amounts may be rounded			,		-	SCHEDUL	ΕC
Nonmone	tary Contributions Received	\$	to whole dollars.			tatement covers p 10/23/2022	eriod	CALIF FO	ORNIA AG	
	NS ON REVERSE	,		·	thro	ugh <u>12/31/2022</u>		Page	6 of 13	
IAME OF FILER							1 12	1.D. NUMI 1456489		
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	CUMULAT DA' CALENDA (JAN 1 - I	ΓΕ R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
1.7		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC							:	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
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Attach additio	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	3				
Amount red (Include all	Summary  eived this period – itemized nonmonetar Schedule C subtotals.)	tary contribut	·····			)	— IND- COM OTH — PTY	(other th – Other (e – Political I	l nt Committee nan PTY or SCC) .g., business entity)	
(Add Lines	onetary contributions received this period 1 and 2. Enter here and on the Summan	ı. y Page, Colui	mn A, Lines 4 and 10.)	TOTA	L \$ _		.~	, ,		;

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be r to whole dolla		Statement cover from 10/23/2022	s period CAL	CALIFORNIA 460		
		· · · · · · · · · · · · · · · · · · ·		through 12/31/202	2 Page	7 13 of		
NAME OF FILER	ONS ON REVERSE					UMBER 489		
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 TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	1		
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Doppose	Independent Expenditure						
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			SUBTOTAL	. \$ 0				
Schedule	D Summary					: .		
	contributions and independent expenditures made					\$ 0		
2. Unitemize	ed contributions and independent expenditures m	ade this period of uno	ler \$100			\$		
3. Total cont	ributions and independent expenditures made thi	s period. (Add Lines	1 and 2. Do not enter on	the Summary Page	e.) TOTAL	\$		

Summary Supportir	tation Sheet)  y of Expenditures ing/Opposing Other tes, Measures and Committees  Amounts may be rounded to whole dollars.  Statement covers prometer to whole dollars.  Statement covers prometer to whole dollars.  Indicate the statement covers prometer to whole dollars.  Statement covers prometer to whole dollars.  Indicate the statement covers prometer to whole dollars.  Statement covers prometer to whole dollars.  Indicate the statement covers prometer to whole dollars.		CALIFORNIA FORM		CHEDULE D (CONT.)  ORNIA 460  M 13		
VAINE OF FILER			·			1456489	
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)
		☐ Monetary Contribution ☐ Nonmonetary					
		Contribution Independent					
	Support Oppose	Expenditure  Monetary  Contribution					
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	Support Dppose	Independent Expenditure					
	·	Monetary  Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure			· · ·		
		Monetary Contribution		,			
		Nonmonetary Contribution					
·	Support Dppose	Independent Expenditure		. ,.			· · · · · · · · · · · · · · · · · · ·
			SUBTOTAL	\$ 0			

Amounts may be rounded to whole dollars.    Statement covers period from 10/23/2022   10/23/2022	Schedule E Payments Made  Amounts may be rounded to whole dollars.  Statement covers period fromi0/23/2022							· · · · · · · - · · · · · · · · · ·
Through 12/31/2022 Page of 1  Will CATEFLER  Will CATEFLER  U. D. NUMBER  1456489  DDES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  Will campaign paraphernalla/mise.	through 12/31/2022 through 12/31						CALIF	ORNIA 46
Emiliar Corons on Reverse   Page of   Involved   Page of   Involved   Page of   Involved   Involv	ER INSTRUCTIONS ON REVERSE   Trough 1.50 NUMBER   1456489	ayments Made		,		from 10/23/2022	FC	RM TO
ODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  Mile compaign parapheralia/misc.  Mile compaign	Steven Llanusa for Claremont Unified School Board Trustee  DDES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  MBR member communications MBR dommunications MBR dommunications MBR dommunications MBR dommunications MBR dommunications MBR dommunications MBR					through 12/31/2022		of
ODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  MP campaign paraphenalalmise.  MS campaign consultants  NS campaign consultants  NS campaign consultants  OPC office appearances  OPC office a	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  MR member communications may be a compared to the payment of the code. Otherwise, describe the payment.  MR member communications may be a contribution of the contribution of th							
MB campaign paraphernaliar/nice.  MB campaign consultants So campaign consultants B contribution (explain normonelary)* Celvid donations L candidate filling/ballot fees LD independent expenditure supporting/opposing others (explain)* C campaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER) C campaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER) C campaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER) C campaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER) C campaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER) C campaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER) C campaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER) C campaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER)  C compaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER)  C compaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER)  C compaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER)  C compaign literature and mailings  NAME AND ADDRESS OF PAYEE (IF COMMITTIEE ALSO ENTERLD. NUMBER)  PRO Print Ads  Repayment of Loan  Repayment of Loan  SUBTOTAL \$ 241.50  C checkule E Summary  It termized payments made this period. (Include all Schedule E subtotals.)  Unitermized payments made this period of under \$100  Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	MBR member communications (SC campaign paraphemalismisc). MBR member communications (SC campaign consultants) (SC campaign works stainles) (SC	Steven Lianusa for Claremont Unitied School Board Trustee					14504	89
CODE OR DESCRIPTION OF PAYMENT AMOUNT F Claremont Courier , Claremont CA 91711  Repayment of Loan  Repayment of Loan  Repayment of Loan  653.50  Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$ 241.50  Cichedule E Summary  Itemized payments made this period. (Include all Schedule E subtotals.)  Uniternized payments made this period of under \$100.  Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)  SODE OR DESCRIPTION OF PAYMENT  AMOUNT F  Print Ads  241.50  53.50  SUBTOTAL \$ 241.50  O  O  O  O  O  O  O  O  O  O  O  O  O	Claremont Courier Claremont CA 91711  PRT Print Ads  Claremont CA 91711  Repayment of Loan  Claremont, CA 91711  Payments that are contributions or independent expenditures must also be summarized on Schedule D.  Substantial Schedule E Summary  Itemized payments made this period. (Include all Schedule E subtotals.)  Unitemized payments made this period of under \$100	MP campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees ND fundraising events independent expenditure supporting/opposing others (explain)* EG legal defense	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional	nmunications d appearance ses lating urvey researd very and mes	s ch ssenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, at Staff/spouse travel, lodging, TSF transfer between committee voter registration	duction cost nd meals and meals es of the san	ne candidate/sponso
Claremont CA 91711  Repayment of Loan  Claremont, CA 91711  Repayment of Loan  653.50  Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$ 241.50  Schedule E Summary  Itemized payments made this period. (Include all Schedule E subtotals.)  Unitemized payments made this period of under \$100.  Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).	teven Llanusa  Repayment of Loan  Claremont, CA 91711  Repayment of Loan  653.50  Subtrotal \$ 241.50  Subtrotal \$ 241.50  Chedule E Summary  Itemized payments made this period (Include all Schedule E subtotals.)  Unitemized payments made this period of under \$100  Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)			CODE	OR DESC	RIPTION OF PAYMENT		AMOUNT PAID
Claremont, CA 91711  Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$ 241.50  Schedule E Summary  Itemized payments made this period. (Include all Schedule E subtotals.)  Unitemized payments made this period of under \$100  Substance D.  Substance D	Claremont, CA 91711  Payments that are contributions or independent expenditures must also be summarized on Schedule D.  Substantial Subst			PRT	Print Ads			241.50
Claremont, CA 91711  Payments that are contributions or Independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$ 241.50  Schedule E Summary  Itemized payments made this period. (Include all Schedule E subtotals.)  Unitemized payments made this period of under \$100  Unitemized payments made this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)  \$ 0  O	Claremont, CA 91711  Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$ 241.50  Schedule E Summary  Itemized payments made this period. (Include all Schedule E subtotals.)  Unitemized payments made this period of under \$100  Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)  \$ 0	teven Llanusa			Repayment of Loar	l		653.50
Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$ 241.50  Schedule E Summary  Itemized payments made this period. (Include all Schedule E subtotals.)  Unitemized payments made this period of under \$100.  Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)  \$ 0  \$ 0	Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$ 241.50  Schedule E Summary  Itemized payments made this period. (Include all Schedule E subtotals.)  Unitemized payments made this period of under \$100.  Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	, Claremont, CA 91711						
Payments that are contributions or Independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$ 241.50  Schedule E Summary  Itemized payments made this period. (Include all Schedule E subtotals.)  Unitemized payments made this period of under \$100  Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$ 241.50  Sichedule E Summary  Itemized payments made this period. (Include all Schedule E subtotals.)  Unitemized payments made this period of under \$100  Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)							
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						•		)
	Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)							

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Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Steven Llanusa for Claremont Unified School Board Trustee 2022	Amounts may b to whole do		•	Statement covers period 10/23/20/2022 from 12/31/2022	SCHEDULE E (CONTINUE OF A SCHEDULE E (CONTIN
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 member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating s urvey research	n senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging,	duction costs and meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	SCRIPTION OF PAYMENT	AMOUNT PAID
				•	
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	e e e			e este	7 · k
×-	•			;	

SUBTOTAL \$ 0 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led 	Statement coverage from 10/23/2022	ers period	CALIFORNIA 460	
eta kaita da kanada kanada Kanada kanada kanad			through 12/31/20	)22	Page 1 of 13	
SEE INSTRUCTIONS ON REVERSE					I.D. NUMBER	
NAME OF FILER Steven Llanusa for Claremont Unified School Board Trustee 2022	•				#1456489	
					#1430407	
CODES: If one of the following codes accurately describe  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	s the payment, you may  MBR member communicatio  MTG meetings and appearar  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey rese  POS postage, delivery and n  PRO professional services (I  PRT print ads	ns nces arch nessenger services	RAD radio airtime air RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production co butions (ers' salaries time and productel, lodging, and navel, lodging, and en committees o	tion costs neals I meals I the same candidate/sponsor	
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 P THIS PERI (ALSO REPORT	OD BALANCE AT CLOSE	
					·	
			, ,			
					·	
			*		,	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	0	<b>\$</b> 0	\$ `O	\$ 0	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	accrued expenses under S	3100.)		RRED TOTA	LS \$	
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p</li></ol>	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).	······································	PAID TOTA	LS \$	
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)				··	IET\$	
		N. C. C.	FP	PC Advice: advic	May be a negative number.  FPPC Form 460 (Jan/2016))  e@fppc.ca.gov (866/275-3772)  www.fppc.ca.gov	

Schedule G			SCHEDULE (
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	nts may be rounded o whole dollars.	Statement covers period from 10/23/2022	CALIFORNIA 460
REFERENCE ON DEVELOPE	•	through <u>12/31/2022</u>	Page 12 of 13
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			I.D. NUMBER
Steven Llanusa for Claremont Unified School Board Trustee 2022			#1456489
CODES: If one of the following codes accurately describes the payment,	you may enter the code. O	Otherwise, describe the payment.	anna e da como de describer de la como de la La como de la como dela como dela como dela como de la como dela como de
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 of meetings and office expendition circle.  PET petition circle.  PHO phone bar polling and polling and polling and profession profession print ads.	ommunications and appearances inses culating iks I survey research elivery and messenger services al services (legal, accounting)	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the returned contributions TRC candidate travel, lodging, and the return of the return o	ction costs meals nd meals of the same candidate/sponsor
* Payments that are contributions or independent expenditures must also be summarized on Sc	hedule D.		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR I	DESCRIPTION OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
			,
			, .
	-	Test to the second seco	

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0

<sup>\*</sup> 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.

								SCHEDULE H
Schedule H	4		nay be rounded	Γ	Statement cove	ers period	CALIFORM	NIA 460
Loans Made to Others*		to who	le dollars.		from10/23/2022	2	FORM	400
								2 (2
SEE INSTRUCTIONS ON REVERSE					through12/31/20	022	Page 12	13 of 13
NAME OF FILER					1.		I.D. NUMBER	3
Steven Llanusa for Claremont Unified School	Board Trustee 2022						#1456489	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) OUTSTANDING	(e)	(f)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OF FORGIVENES THIS PERIOD	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	%	s	\$
	•			FORGIVEN		RATE		PER ELECTION**
		•		\$		\$		
		·	<u> </u>		DATE DUE		DATE INCURRED	<b>V</b>
				☐ PAID			•	CALENDAR YEAR
				\$	\$	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
		s	\$	s		\$		s
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive								
reported on Schedule E.	Titust also be	SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					•	•	•	
1. Loans made this period					\$ <u>0</u>			
(Total Column (b) plus unitemized loans					. 0			**If Required
<ol><li>Payments received on loans (Total Column (c) plus uniternized paym</li></ol>	conte of lose than \$100 \				\$			
3. Net change this period. ( <b>Subtract</b> Line 2	rems of less man \$100.)				NET \$ 0			
(Enter the net here and on the Summar					· · · · · · · · · · · · · · · · · · ·			
•	• • • • • • • • • • • • • • • • • • • •							

(May be a negative number)

Statement of O Recipient Com	•			Date Stamp	CALIFORNIA 410
Statement Type	☐ Initial	☐ Amendment	☑ Termination – See Part 5	K ARGELLES OUT	For Official Use Only
	O Not yet qualified			122 DEC 30 PM 2: 19	
	or  Date qualification threshold met	Date qualification threshold met	Date of termination	TO UEL 30 THE SUPE	
			12 , , 25 , 2022	BAMPAIGH FINANCE	
1. Committee	Information I.D. Number	141456489	2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE	(IJ applicable)	1700	NAME OF TREASURER		um marine de la company de la
Committee to Ele 2022	ect Steven Llanusa to Claremont	Unified School Board Truste	e Glenn Miya		
			STREET ADDRESS (NO P.O. BOX)		
STREET ADDRESS (NO P.O.	BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
			Claremont	CA	91711 909-263-5399
CITY	STATE ZIP C		NAME OF ASSISTANT TREASURER	R, IF ANY	
Claremont		711 909-215-1290			
FULL MAILING ADDRESS (I	IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE AREA CODE/PHONE
stevenllanusa@gr					
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
Los Angeles	Claremont, CA				
,	•		STREET ADDRESS (NO P.O. BOX)		
Attach additiona	l information on appropriately lo	beled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
, , , , , , , , , , , , , , , , , , , ,	, injermation on appropriatory to				
3. Verification	n , ;			!	
I have used all re penalty of perjur	asonable diligence in preparing y under the laws of the State of	this statement and to the bes	st of my knowledge the informa	tion contained herein is true a	and complete. I certify under
	25/2022 By				
12/2	DATE DATE		ER OR ASSISTANT TREASU	RER	
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	· ·
Executed on	Bv	SIGNALONE OF CONTI		,	
Encoded on	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee						CALIFORNIA 410		
INSTRUCTIONS ON REVERSE		Page 2						
Committee to Elect Steven Llanusa for Claremont Unified School Board Trustee 2022						LD. NUMBER #1456489		
All committees must list the financial institution where the camp	aign bank account is located.							
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT N	UMBER					
Wells Fargo	909-398-1140	1						
ADDRESS	CITY	STATE	ZIF	CODE				
·	Claremont	CA	9	1711				
4. Type of Committee Complete the applicable sections.		,						
Controlled Committee	an defermination of the set of th		# feet -	COLUMN CONTRACTOR CONT				
	<ul> <li>List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.</li> </ul>							
List the political party with which each officeholder or candidate is	<ul> <li>List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable</li> </ul>							
<ul> <li>If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.</li> </ul>								
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABL		EAR OF	PART CHECK				
Steven Llanusa	Claremont Unified School Board Truste	e 2022 20	022	Nonpartisan	Partisan	(list political party below)		
				Nonpartisan	Partisan	(list political party below)		

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION

(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

## Statement of Organization Recipient Committee

FORM 410

Recipient Committee				FORIVI
INSTRUCTIONS ON REVERSE			•	Page 3
COMMITTEE NAME  Committee to Elect Steven Llanu	sa to Claremont Unified Schoo	l Board Trustee 2022		#1456489
4. Type of Committee	(Continued)			
General Purpose Committee	Not formed to support or op  CITY Committee	pose specific candidates or measu  COUNTY Committee	res in a single election. Check only o	one box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Sponsored Committee List	additional sponsors on an attac	chment.		· · · · · · · · · · · · · · · · · · ·
NAME OF SPONSOR		INDUSTRY GROUP OR AFFIL	IATION OF SPONSOR	
STREET ADDRESS NO. AND STRE	ET	CITY	STATE ZIP (	CODE AREA CODE/PHONE
Small Contributor Committee	<u> </u>			
	Date qualified			•

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.