

**Recipient Committee
Campaign Statement
Cover Page**

1/31/23 FE 0218-3

COVER PAGE

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2023 FEB -2 PM 4:12
CAMPAIGN FINANCE
CALIFORNIA FORM 460
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021363
C11700

Statement covers period
from 10/23/2022
through 12/30/2022

Date of Election if applicable

(Month, Day, Year)

1. Type of Recipient Committee

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
 Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

Pre-election Statement
 Semi-Annual Statement
 Termination Statement
 Amendment

Quarterly Statement
 Special Odd-Year Statement
 Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1448028

COMMITTEE NAME
Shaunna Elias for School Board 2022

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501 951/742-7886

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS
/ jennifer@campaignfinanceservices.net

Treasurer(s)

NAME OF TREASURER
Jennifer Mitchell

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501 951/742-7886

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
/ jennifer@campaignfinanceservices.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/30/2022 By _____
 Executed on 12/30/2022 By _____
 Executed on _____ By _____
 Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

Statement covers period
from 10/23/2022
through 12/30/2022

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Shaunna Elias

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Board of Education - District 2 County of Los Angeles

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 Glendora CA 91741

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Campaign Disclosure Statement Summary Page

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
through	12/30/2022	Page 3 of 8

NAME OF FILER Shaunna Elias for School Board 2022

I.D. NUMBER
1448028

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 4,489.25	\$ 20,470.77
2. Loans Received Schedule B, Line 3	-2,000.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$ 2,489.25	\$ 20,470.77
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$ 2,489.25	\$ 20,470.77

Calendar Year Summary for Candidates Running in Both the State Primary and 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	\$ 5,092.20	\$ 21,845.77
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$ 5,092.20	\$ 21,845.77
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8+9+10	\$ 5,092.20	\$ 21,845.77

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____ \$ _____
_____ \$ _____

* Amounts in this Section may be different from amounts reported in Column B.

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 2,602.95
13. Cash Receipts Column A, Line 3 above	2,489.25
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	5,092.20
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Lines 2 + Line 9 in Column B above	\$ 0.00

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
through	12/30/2022	Page 4 of 8

NAME OF FILER Shaunna Elias for School Board 2022

I.D. NUMBER
1448028

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2022	Shaunna Elias Glendora, CA 91741	IND	Realtor Compass	2,000.00 Forgiven Loan	2,889.25	
12/30/2022	Shaunna Elias Glendora, CA 91741	IND	Realtor Compass	888.25	2,889.25	
11/02/2022	Shaunna Elias Glendora, CA 91741	IND	Realtor Compass	1.00	2,889.25	
10/27/2022	Judy Nelson Glendora, CA 91741	IND	Retired N/A	200.00	1,000.00	

SUBTOTAL \$ 3,089.25

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 4,389.25
2. Amount received this period - unitemized	\$ 100.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$ 4,489.25

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period
from 10/23/2022
through 12/30/2022

CALIFORNIA FORM 460

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NAME OF FILER Shaunna Elias for School Board 2022

I.D. NUMBER
1448028

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2022	Mary Potts Glendora, CA 91740	IND	Retired N/A	100.00	100.00	
11/02/2022	Jamie Seefurth Kirkland, WA 98034	IND	Director Ookla	1,000.00	1,000.00	
11/08/2022	Mendell Thompson Glendora, CA 91741	IND	Retired N/A	200.00	200.00	

SUBTOTAL \$ 1,300.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

Statement covers period		CALIFORNIA FORM 460
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through	12/30/2022	Page 6 of 8

NAME OF FILER Shaunna Elias for School Board 2022

I.D. NUMBER
1448028

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Shaunna Elias Glendora, CA 91741 Contributor Code: IND	Realtor Compass	2,000.00		<input type="checkbox"/> PAID <input checked="" type="checkbox"/> FORGIVEN 2000.00	0.00 DUE DATE 12/31/2022	0.00 INTEREST RATE 0.00 %	2,000.00 DATE INCURRED 06/14/2022	CALENDAR YEAR 2,889 PER ELECTION **

SUBTOTALS \$	(b) 0.00	(c) 2000.00	(d) 0.00	(e) 0.00	
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Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
2. Loans paid or forgiven this period \$ 2,000.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** (2,000.00)
Enter the net here and on the Summary Page, Column A, Line 2.

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
through	12/30/2022	Page 7 of 8
NAME OF FILER Shaunna Elias for School Board 2022		I.D. NUMBER 1448028

CODES: If one of the following 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 |
| CNS campaign consultants | MTG meetings and appearances | 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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) |

NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Campaign Finance Services LLC Riverside, CA 92501	PRO	1,308.90
Campaign Finance Services LLC Riverside, CA 92501	PRO	410.80
Lewis & Associates LLC West Covina, CA 91791	CNS	510.36
SUBTOTAL \$		2,230.06

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 4,980.06
2. Unitemized payments made this period of under \$100	\$ 112.14
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 5,092.20

**Schedule E (Continuation Sheet)
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	10/23/2022	
through	12/30/2022	Page 8 of 8
NAME OF FILER Shaunna Elias for School Board 2022		I.D. NUMBER 1448028

CODES: If one of the following 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 |
| CNS campaign consultants | MTG meetings and appearances | 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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) |

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kritin Pulone Diamond Bar, CA 91765	CNS		2,000.00
San Gabriel Examiner Glendora, CA 91740	PRT		750.00

SUBTOTAL \$ 2,750.00

1/31/23 FE

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	____/____/____	12 / 30 / 2022

Date Stamp

CALIFORNIA FORM 410

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2023 FEB -2 PM 4:12

CAMPAIGN FINANCE

021363

C11700

1. Committee Information				I.D. Number 1448028				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER				NAME OF ASSISTANT TREASURER, IF ANY			
Shaunna Elias for School Board 2022				Jennifer Mitchell							
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF PRINCIPAL OFFICER(S)			
Riverside	CA	92501	951-742-7886	Riverside	CA	92501	951-742-7886				
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY				CITY			
jennifer@campaignfinanceservices.net											
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY				CITY			
Riverside		Glendora									
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
				CITY				CITY			

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of Calif

Executed on 12-30-2022 By _____

Executed on 12-30-2022 By _____

Executed on _____ By _____

Executed on _____ By _____