Cam	ipient Committee		ODVER PAGE			
				Date Stamp	CA	LIFORNIA 460
~~	paign Statement		-acre	VED BY		FORM 400
	er Page nment Code Sections 84200-84216.5)		I OR ANGE	LES COUNTY	'	
Goven	nment code Sections 04200-04210.5)	Statement covers period	Date of election if applicables	4 PM 2: 56		1 of13
/		from01/01/2023			1	For Official Use Only
			A hat A li	GH FINANCE	. 1 /	20525
SEE IN	STRUCTIONS ON REVERSE	through06/30/2023	03/05/2024 CAMHAY	URE SECTION		11160
1. Ty	pe of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
\mathbf{x}	Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	☐ Preelection Statement	[Quarterly Sta	atement
		Committee	∑ Semi-annual Statement	[Special Odd	-Year Report
	0	○ Controlled○ Sponsored	Termination Statement			al Preelection
		(Also Complete Part 6)	(Also file a Form 410 Term	•	Statement -	Attach Form 495
ノロ	General Purpose Committee	Primarily Formed Candidate/	Amendment (Explain below	N)		
		Officeholder Committee				
	O Political Party/Central Committee	(Also Complete Part 7)	1			
	ommittee Information	D. NUMBER	Treasurer(s)			
_		1416452				
	MMNITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) rik Miller for School Board 2024	•	NAME OF TREASURER			
ь.	ilk Miller for School Board 2024		Erik Miller			
			MAILING ADDRESS			
ST	REET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHO
_			CITY Long Beach	STATE CA	ZIP CODE 90807	
ST		ODE AREA CODE/PHONE	****	CA		
CIT	TY STATE ZIP Cong Beach CA 908	07 (213) 489-4792	Long Beach NAME OF ASSISTANT TREASURER David Gould	CA		
CIT	TY STATE ZIP C	07 (213) 489-4792	Long Beach NAME OF ASSISTANT TREASURER	CA		AREA CODE/PHO (562) 245-9
CIT	ong Beach CA 908 LILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	07 (213) 489-4792 BOX	Long Beach NAME OF ASSISTANT TREASURER David Gould	CA		(562) 245-9
CIT MA	ong Beach CA 908 LILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	07 (213) 489-4792 BOX ODE AREA CODE/PHONE	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS	CA , IF ANY	90807	(562) 245-9
CIT MA	TY STATE ZIP C ong Beach CA 908 ILLING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP C	07 (213) 489-4792 BOX ODE AREA CODE/PHONE	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS	CA , IF ANY STATE CA	90807	(562) 245-9
CIT MA	ong Beach CA 908 MILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP Corwalk CA 906	07 (213) 489-4792 BOX ODE AREA CODE/PHONE	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS CITY Norwalk	CA , IF ANY STATE CA	90807	(562) 245-9
CIT MA	ong Beach CA 908 MILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP Corwalk CA 906 TIONAL: FAX / E-MAIL ADDRESS	07 (213) 489-4792 BOX ODE AREA CODE/PHONE	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS CITY Norwalk	CA , IF ANY STATE CA	90807	(562) 245-9
CIT LA MA	ong Beach CA 908 MILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP CONWALK CA 906 MILING ADDRESS CA 908 MILING ADDRES	07 (213) 489–4792 BOX ODE AREA CODE/PHONE 50 g this statement and to the	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS CITY Norwalk	CA , IF ANY STATE CA	90807 ZIP CODE 90650	(562) 245-9 AREA CODE/PHO (213) 489-4
CIT LA MA OP (3	ong Beach CA 908 MILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP Corwalk CA 906 MITONAL: FAX / E-MAIL ADDRESS 213) 489-4818 / dlgould@gouldorellana.com	07 (213) 489–4792 BOX ODE AREA CODE/PHONE 50 g this statement and to the	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS CITY Norwalk	CA , IF ANY STATE CA	90807 ZIP CODE 90650	(562) 245-9 AREA CODE/PHO (213) 489-4
CIT LA MA CIT NO P (1) 1. Ve	ong Beach CA 908 MILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP CONTROL ON THE STATE ZIP CONTROL ON	ODE AREA CODE/PHONE g this statement and to the lia that the foregoing is true :	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS CITY Norwalk	CA , IF ANY STATE CA	90807 ZIP CODE 90650	(562) 245-9 AREA CODE/PHO (213) 489-4
CIT LA MA OP (3	ong Beach CA 908 MILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP CONTROL OF WALK CA 906 PITONAL: FAX / E-MAIL ADDRESS 213) 489-4818 / dlgould@gouldorellana.com Prification ave used all reasonable diligence in preparing and reviewing der penalty of perjury under the laws of the State of Californ	07 (213) 489–4792 BOX ODE AREA CODE/PHONE 50 g this statement and to the	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS CITY Norwalk	CA , IF ANY STATE CA	90807 ZIP CODE 90650	(562) 245-9 AREA CODE/PHO (213) 489-4
CIT MA OP (;	ong Beach CA 908 ILLING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP Corwalk CA 906 ITO ORWALK CA 908 ITO ORWALK CA 906 ITO ORW	ODE AREA CODE/PHONE g this statement and to the lia that the foregoing is true :	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS CITY Norwalk	CA , IF ANY STATE CA	90807 ZIP CODE 90650	(562) 245-9 AREA CODE/PHO (213) 489-4
CIT LA MA OP (3	ong Beach CA 908 ILLING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP C Orwalk CA 906 TIONAL: FAX / E-MAIL ADDRESS 213) 489–4818 / dlgould@gouldorellana.com Prification ave used all reasonable diligence in preparing and reviewing the penalty of perjury under the laws of the State of Californ Executed on 06/29/2023 Date Executed on 06/29/2023 Date	g this statement and to the lia that the foregoing is true: BY	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS CITY Norwalk	CA , IF ANY STATE CA	90807 ZIP CODE 90650	(562) 245-9 AREA CODE/PHO (213) 489-4
CIT MA OP ()	ong Beach CA 908 ILLING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP Corwalk CA 906 ITO ORWALK CA 908 ITO ORWALK CA 906 ITO ORW	g this statement and to the lia that the foregoing is true: BY	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS CITY Norwalk	STATE CA	90807 ZIP CODE 90650	(562) 245-9 AREA CODE/PHO (213) 489-4
CIT LA MA CIT NO P (1) 4. Ve	ong Beach CA 908 MILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. TY STATE ZIP CONTINUE OF THE CONTINUE	g this statement and to the lia that the foregoing is true : By By	Long Beach NAME OF ASSISTANT TREASURER David Gould MAILING ADDRESS CITY Norwalk OPTIONAL: FAX / E-MAIL ADDRESS	STATE CA	90807 ZIP CODE 90650	(562) 245-9

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE-PART2

CALIFORNIA 460

FORM 460

Page _____ of ___13

5.	Officeholder or Candidate Control	lled Commi	ttee	. ^	· · 6.	Primarily Formed Ballot	Measure Committe	e	
	NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE			
-	Erik Miller						T		
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION		NUMBER IF APPI	LICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
	Board of Education Long Beach Dist	trict 2							OPPOSE,
)	RESIDENTIAL/BUSINESS ADDRESS (NO. AND S			CA 90807	•	Identify the controlling office	eholder, candidate, or s	state measure p	roponent, if any.
		LOI	g Beach	CA 90807		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT		
	Related Committees Not Included not included in this statement that are controlled contributions or make expenditures on behaviors.	olled by you o	r are primarily fo	•		OFFICE SOUGHT OR HELD		DISTRICT NO. IF	ANY
	COMMITTEE NAME		I.D. NUMBER					1	
	NAME OF TREASURER		CONTROLLED CO	MMITTEE?	7.	Primarily Formed Cand			
	NAME OF TREASURER		,	□ NO		officeholder(s) or candidate(s)	for which this committee	is primarily forme	d.
	COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BO			•	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
	CITY STA	TE ZIP CO	DE ARE	A CODE/PHONE	• Die Seine	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	<u> </u>
)	in the second						e e gress and have also	· ·	SUPPORT
	COMMITTEE NAME		I.D. NUMBER		STEP AND THE	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER		CONTROLLED CO	MMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BO	X) .		•				3
						·.			
	CITY STA	TE ZIP CO	DDE ARE	A CODE/PHONE		Attack	h continuation sheets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROMATTACHED SCHEDULES)

8,092.20

	60
from01/01/2023 FORM	
through 06/30/2023 Page 3 of 1	3

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Erik Miller for School Board 2024

Contributions Received

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 \$ _____ \$ _____

I.D. NUMBER 1416452

Expenditures Made Schedule E, Line 4 1,511.40 1,511.40 7. Loans Made Schedule H, Line 3 0.00 0.00

1. Monetary Contributions Schedule A, Line 3 \$ _____

SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____

4. Nonmonetary Contributions Schedule C. Line 3

- 8. SUBTOTAL CASH PAYMENTS
 Add Lines 6 + 7
 \$ 1,511.40
 \$ 1,511.40

 9. Accrued Expenses (Unpaid Bills)
 Schedule F, Line 3
 0.00
 0.00

 10. Nonmonetary Adjustment
 Schedule C, Line 3
 0.00
 0.00

Expenditure Limit Summary for State Candidates

Date of Election

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

(mm/d		Total to Bato	
1	1	\$	

Total to Date

Current Cash Statement

 Beginning Cash Balance
 Previous Summary Page, Line 16
 \$ 6,010.24

 13. Cash Receipts
 Column A, Line 3 above
 8,092.20

 14. Miscellaneous Increases to Cash
 Schedule I, Line 4
 0.00

 15. Cash Payments
 Column A, Line 8 above
 1,511.40

 16. ENDING CASH BALANCE
 Add Lines 12 + 13 + 14, then subtract Line 15
 \$ 12,591.04

 If this is a termination statement, Line 16 must be zero.

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

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 from Lines 2, 7, and 9 (if any).

Column B

CALENDAR YEAR

TOTAL TO DATE

\$ 8,092.20

8,092.20

8,092,20

0.00

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

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

Schedule A						SCHEDULE A		
Monetary	Contributions Received		ts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
				from01/01/2	023	FO	RM 100	
SEE INSTRUCTION	ONS ON REVERSE			through06/30/2	023	Page _	4 of <u>13</u>	
NAME OF FILER						I.D. NUM	BER	
Erik Miller	for School Board 2024					141645	2	
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 YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
02/06/2023	Michelle Kelly	⊠ IND	Teacher Self-Employed	209.95	2	09.95		
\supset	Long Beach, CA 90806	COM OTH PTY SCC	Soul many ou	Received through inter eFundraising Connection Sacramento, CA 95816	mediary: ns			
02/06/2023	Re-Elect Ntuk For LBCC Trustee 2022 (ID# 1442902) Norwalk, CA 90650	□IND □COM □OTH □PTY □SCC		1,000.00	1,0	00.00		
02/06/2023	Javier Sola Long Beach, CA 90804	⊠IND □COM □OTH □PTY □SCC	Architect Csrs Inc	150.00 Received through inter eFundraising Connection Sacramento, CA 95816	mediary:	07.59	-	
02/07/2023	Amber Johnson Long Beach, CA 90814	☑IND □COM □OTH □PTY □SCC	Faculty Csulb	Received through intererundralising Connectic	mediary:	50.00		
3/07/2023	Senay Kenfe Long Beach, CA 90806	⊠IND □COM □OTH □PTY □SCC	Business Owner Senay Kenfe	Received through interefundraising Connection		25.00		
			SUBTOTAL	\$ 1,634.95				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$_	7,757.91	IND -	(other th	nt Committee nan PTY or SCC)	
	eceived this period – unitemized monetary contributions etary contributions received this period.	s of less than S	\$100 :\$	334.29	PTY-	-Political (e.g., business entity) Party ontributor Committee	
	s 1 and 2. Enter here and on the Summary Page, Colu.	mn A Line 1	TOTAL \$	8,092.20				

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 be rounded

SCHEDULE A (CONT.)

		to whole	dollars.	from01/01/	•	FORM 460		
NAME OF FILER				through 06/30/	2023	Page5	of 13	
Erik Miller	for School Board 2024					1416452		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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 . 31)	PER ELECTION TO DATE (IF REQUIRED)	
02/07/2023	Nigel Lifsey Los Angeles, CA 90043	☑IND □COM □OTH □PTY □SCC	Accountant Post Advisory Group	Received through inte eFundraising Connection Sacramento, CA 95816		50.00		
02/07/2023	Marcus Tyson Long Beach, CA 90807	☑IND □COM □OTH □PTY □SCC	Private Investor Marcus Tyson	125.00 Received through interesting Connection Sacramento, CA 95816		25.00		
03/06/2023	Paula E. Wood Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Executive Director Success in Challenges, Inc	125.00	1	25.00		
03/24/2023	Angelo Dickens II Signal Hill, CA 90755 John Edmond Long Beach, CA 90808	IND COM PTY SCC	Realtor Agent Inc. CEO Edmond Group LLC	Received through integrandraising Connection Sacramento, CA 95816 249.00 Received through integrandraising Connection Sacramento, CA 95816	mediary:	49.00		
			SUBTOTAL	754.24				

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A	(CONT.)
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,		to whole	dollars.	from 01/01/	2023	FORM 460 Page6 of13		
NAME OF FILER				through		I.D. NUM		
Erik Miller	for School Board 2024					141645	2	
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)	
06/22/2023	Denzell O. Perry Compton, CA 90222	☑IND □COM □OTH □PTY □SCC	Governing Board Member Compton USD	Received through intererundraising Connection		131.41		
06/23/2023	Bryan For Assembly 2024 (ID# 1456634) Los Angeles, CA 90017	□IND □COM □OTH □PTY □SCC		1,500.00 Received through interefundraising Connection Sacramento, CA 95816	mediary:	500.00		
06/23/2023	Angelo Dickens II Signal Hill, CA 90755	∏IND □COM □OTH □PTY □SCC	Realtor Agent Inc.	Received through inte eFundraising Connection Sacramento, CA 95816		210.48		
06/23/2023	Shakira Gagnier Los Angeles, CA 90043	□IND □COM □OTH □PTY □SCC	CEO YolkLab LLC	Received through inte eFundraising Connection Sacramento, CA 95816		105.24		
و 6/23/2023 استان	Andrew Kerr Long Beach, CA 90807	□IND □COM □OTH □PTY □SCC	Chief Financial Officer Crew Inc.	Received through inte- eFundraising Connection Sacramento, CA 95816		131.41		
			SUBTOTAL	\$ 1,973.30				

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACC

Statement covers period

			from01/01/	2023	FORM	400
			through 06/30/	2023	Page7	of13
NAME OF FILER					I.D. NUMBER	
Erik Miller for School Board 2024					1416452	
	TRIBUTOR OCCUP	N INDIVIDUAL, ENTER PATION AND EMPLOYER F-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Long Beach, CA 90806	IND Lawyer COM Los Ang OTH PTY SCC		125.00 Received through inte eFundraising Connection Sacramento, CA 95816		25.00	
Garden Grove, CA 92845	IND Preside COM Downtow Allianc PTY SCC	n Long Beach e	105.24 Received through inte eFundraising Connection Sacramento, CA 95816		05.24	
Long Beach, CA 90805	IND Messeng COM Kaiser OTH PTY SCC		157.59 Received through inte eFundraising Connection Sacramento, CA 95816	mediary:	57.59	
Paramount, CA 90723	OTH PTY SCC IND Archite	ct ·	100.00 Received through inte eFundraising Connection Sacramento, CA 95816	mediary: ons	00.00	
	OTH PTY SCC		Received through inte eFundraising Connecti Sacramento, CA 95816	mediary:		

*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 A (Continuation Sheet)

SCHEDULE A	(CONT.)
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Monetary Contributions Received .		Amounts may to whole		from01/01/		CALIFORNIA 460	
				through06/30/	2023	Page 8	_ of13
NAME OF FILER						I.D. NUMBER	
Erik Miller	for School Board 2024					1416452	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	ER ELECTION TO DATE REQUIRED)
06/25/2023	Michael Tidwell Long Beach, CA 90814	☑IND □COM □OTH □PTY □SCC	Commercial Real Estate Cushman & Wakefield	250.00 Received through inte- eFundraising Connection Sacramento, CA 95816	mediary:	50.00	
06/30/2023	Jason Lehman Long Beach, CA 90802	⊠IND □COM □OTH □PTY □SCC	Police Officer City of Long Beach	500.00	5	00.00	
06/30/2023	Rex Richardson for Mayor 2022 Officeholder Account (ID# 1458350) Long Beach, CA 90802	□IND □COM □OTH □PTY □SCC		1,000.00	1,0	00.00	
06/30/2023	Marcus Tyson Long Beach, CA 90807	□IND □COM □OTH □PTY □SCC	Private Investor Marcus Tyson	1,000.00	1,1	25.00	
		□IND □COM □OTH □PTY □SCC	,		;		
			SUBTOTAL	\$ 2,750.00			

*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

FPPC Form 460 (Jan/2016)

5.							SCHEDULE E	
Schedule E Payments Made	Amounts may be rounded			Statem	ent covers period	CALIFORNIA 160		
	to whole o	ioliars.		from	01/01/2023	FOR	W IOO	
SEE INSTRUCTIONS ON REVERSE				through .	06/30/2023	Page9	of13	
NAME OF FILER						I.D. NUMB	BER	
Erik Miller for School Board 2024						1416452	!	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone bank POL polling and POS postage, de	nmunications and appearance anses ulating s survey resea	ces	RAD radio RFD return SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	be the payment. airtime and production of the contributions or calle airtime and production of the called airtime and production of the called airtime and production of the called airtime airtime airtime and production of the called airtime airtime airtime and production of the called airtime airt	uction costs I meals and meals s of the same		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PA	AYMENT		AMOUNT PAID	
GOULD & ORELLANA, LLC		PRO	T			+	150.00	
Norwalk, CA 90650								
GOULD & ORELLANA, LLC		PRO	 				150.00	
Norwalk, CA 90650								
eFundraising Connections		CMP	Credit Card Proce	ssing Fee		-	46.71	
cramento, CA 95816							P*	
				<u> </u>				
* Payments that are contributions or independent expenditures r	must also be summ	narized on	Schedule D.		SUI	BTOTAL\$	346.71	
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	1,399.55	
2. Unitemized payments made this period of under \$100							111.85	
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 Lines 1, 2, and 3. E	nter here and on t	he Summa	ary Page, Column A,	Line 6.)	тот	TAL \$	1,511.40	

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDU	LE E (CON I.)
1	CALIFORNIA	460

1416452

Statement covers period	CALIFORNIA 46					
from01/01/2023	FORM TOO					
through06/30/2023	Page10 of13					
	I.D. NUMBER					

Erik Miller for School Board 2024

campaign literature and mailings

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

PRT

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants RFD returned contributions MTG meetings and appearances 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

print ads

fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services legal defense PRO professional services (legal, accounting)

TRS 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)

	Titl plant das	WED MINIMAGE CONTROL (MOTHER CONTROL				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID			
GOULD & ORELLANA, LLC	PRO		150.00			
Norwalk, CA 90650						
eFundraising Connections	СМР	Credit Card Processing Fee	5.2			
Sacramento, CA 95816						
GOULD & ORELLANA, LLC	PRO		150.00			
Norwalk, CA 90650						
Bank of America	CMP	Credit Card Payment	286.00			
Wilmington, DE 19886-5019		· · · · · · · · · · · · · · · · · · ·				
GOULD & ORELLANA, LLC	PRO		150.00			
Norwalk, CA 90650						
* D		CUDTOTA	1 6 741 0			

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

SUBTOTAL \$

741.24

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEE	UL	EΕ	(CON	T.)

Statement covers period	CALIFORNIA 460
from01/01/2023	FORM 400
through06/30/2023	Page 11 of 13
	I.D. NUMBER
	1416452

1000 81 7 ...

Erik Miller for School Board 2024

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

fundraising events

POL polling and survey research
independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

FOL polling and survey research
postage, delivery and messenger services

TRS staff/spouse travel, lodging, and meals
transfer between committees of the same candidate/sponsor

LT campaign literature and mailings

PRO professional services (legal, accounting)

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
GOULD & ORELLANA, LLC	PRO		150.00
Norwalk, CA 90650			
eFundraising Connections	CMP	Credit Card Processing Fee	4.95
Sacramento, CA 95816			
eFundraising Connections	CMP	Credit Card Processing Fee	30.9
Sacramento, CA 95816			
eFundraising Connections	CMP	Credit Card Processing Fee	93.2
Sacramento, CA 95816			
eFundraising Connections	CMP	Credit Card Processing Fee	8.12
Sacramento, CA 95816			

grant for the comment of the

SUBTOTAL \$

287.31

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

Schedule E	
(Continuation She	et)
Payments Made	•

		SCHEDUL	E E (CONT.)
	ement covers period 01/01/2023	CALIFORNIA FORM	460
rom	0170172023		

Payments Made	to whole dollars.	from 01/01/2023	FORM 460
SEE INSTRUCTIONS ON REVERSE		through 06/30/2023	Page 12 of 13
NAME OF FILER			I.D. NUMBER
Erik Miller for School Board 2024			1416452
CODES: If one of the following codes accura	tely describes the payment, you may enter the code. Other	erwise describe the payment.	

TOTAL .

Eri	Miller for School Board 2024							1416452	!
COL CAS	DES: 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 MTG OFC PET PHO POL POS PRO PRT	member com meetings and office expen- petition circul phone banks polling and s postage, deli	munications d appearan ses ating urvey rese very and n	ces	RAD RFD SAL TEL TRC TRS	radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration	uction costs I meals and meals s of the sam	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
eFur	draising Connections			CMP	Credit Card	Processing	Fee		24.29
Sacr	amento, CA 95816								

eFundraising Connections Sacramento, CA 95816		Credit Card Processing Fee	24.29
			- Y

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

SUBTOTAL \$

24.29

Schedule G			etam tilt	= r		SCHEDULE (
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.			Statement covers period from01/01/2023		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			thro	ugh 06/30/2023	— Page13	of13	
NAME OF FILER				,	I.D. NUMBER		
Erik Miller for School Board 2024 NAME OF AGENT OR INDEPENDENT CONTRACTOR					1416452		
Bank of America CODES: If one of the following codes accurately describe	on the naument	you may onter the	anda Othorwina	describe the nave	ont		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees 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 all	OFC office exp PET petition cir PHO phone bar POL polling and POS postage, of PRO profession PRT print ads	and appearances enses culating iks d survey research delivery and messenger so al services (legal, accour	RFD SAL TEL TRC TRS ervices TSF titing)	radio airtime and producti returned contributions campaign workers' salari- t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodgin transfer between committ voter registration information technology co	es production costs and meals ng, and meals tees of the same o	,	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy		CODE OR	DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy			DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy			DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy			DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy			DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy			DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy			DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy			DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy			DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy			DESCRIPTION	OF PAYMENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) GoDaddy			DESCRIPTION	OF PAYMENT		AMOUNT PAID	

Attach additional information on appropriately labeled continuation sheets.

119.88

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.