			0218-3	COVER PAGE.
Recipient Committee Campaign Statement Cover Page			Date Stamp 2/15/23 RECEIVED BY	CALIFORNIA 460
•	Statement covers period from 10/23/2022	Date of election if applicable: (Month, Day, Year)	DS ANGELES COUNT 2023 FEB 17 PM 3: 08	For Official Use Only
EE INSTRUCTIONS ON REVERSE	through <u>12/31/22</u>	11/08/2022	CAMPAIGN FINANCE	C11833
. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	nt	erly Statement
Committee information	D. NUMBER 454737	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Morrison for School Board 2022		NAME OF TREASURER Rosemary Morrison		
	and the second section of	MAILING ADDRESS	Add to the second	
STREET ADDRESS (NO P.O. BOX)		CITY Burbank	STATE ZIP CO: CA 91502	
CITY STATE ZIP CO		NAME OF ASSISTANT TREASU	RER, IF ANY	
Burbank CA 9150 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	•	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COI	DE AREA CODE/PHONE
OPTIONAL: FAX/E-MAILADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
james4burbankschool22@gmail.com		teliciaann@gmail.com	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on 2/5/2023		knowledge the information containe	d herein and in the attached scho	edules is true and complete. I
Executed on 2/5/2023	Ву.		ible Officer of Sponsor	<del></del> . ·
Executed on	Ву			

Executed on

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIFORN FORM	HA 460							
Page 2	of 17							

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		-	NAME OF BALLOT MEASURE		
James L. Morrison					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI Burbank Unified School District School Board	RICT NUMBER IF APPLICABLE)	-	BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE
		_			12 011002
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	STATE ZIP Burbank CA 91502		Identify the controlling officeh	older, candidate, or state	measure proponent, if any.
<del></del>		_	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT	,
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	- - 7.	Primarily Formed Candi	date/Officeholder Co	ommittee List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) f	for which this committee is	primarily formed.
	YES NO	_	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	вох)	: · · · · ·			SUPPOR
	ODE AREA CODE/PHON	<b>Ē</b> . 	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD ☐ SUPPOR
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD SUPPOR
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD SUPPOR
CITY STATE ZIP C		Ē	Attac	h continuation sheets If r	necessary

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 10/23/2022	california 460
through 12/31/2022	Page 3 of 17
	I.D. NUMBER
	1454737

Rosemary Morrison	·		1454737
Loans Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$\frac{150}{0}\$  \$\frac{150}{0}\$  \$\frac{150}{0}\$	**Section 1.0	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 \$ 0 \$ 3440  21. Expenditures Made \$ 3484
7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10  Current Cash Statement	0 0 819 \$ 2536 450 0 2315	\$ 3484  0  \$ 3484  0  0  \$ 3484  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	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)
17. LOAN GUARANTEES RECEIVED	\$ <u>0</u> \$ <u>0</u>	this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule	hedule A		Amounts may be rounded to whole dollars.			SCHEDULE /				
Monetary	Contributions Received	to	whole dollars.	Statement co	•	CALIFORNIA 460				
	ONS ON REVERSE		· · · · · · · · · · · · · · · · · · ·	through 12/31/20	122	Page				
NAME OF FILER Rosemary Mo	orrison					1.D. NU 145473	JMBER 7			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)			
10/26/2022	Ryan Scott Wick	IND COM OTH PTY SCC		100	100					
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
	·	□IND □COM □OTH □PTY □SCC								
			SUBTOTAL	\$						
Amount red (Include all     Amount red     Total mone	A Summary  ceived this period – itemized monetary contribution I Schedule A subtotals.)  ceived this period – unitemized monetary contribution etary contributions received this period.	ons of less tha	n \$100\$ <u>50</u>	1	IND COM OTH PTY	other I – Other – Politic	ual vient Committee r than PTY or SCC) (e.g., business entity)			
(Add Lines	all and 2. Enter here and on the Summary Page, C	olumn A, Líne 1	l.)TOTAL \$ <u>15</u>	60	FPPC Advice: adv		PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772) www.fppc.ca.gov			

Schedule / Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole o	be rounded dollars.	Statement cov from <u>10/23/2022</u>	ers period		FORNIA 460
				through 12/31/20	22	Page _	5 of
NAME OF FILER						i .	UMBER et recieved
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 \(\) (JAN. 1 - DE(	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□ IND □ COM □ OTH □ PTY □ SCC					
		IND COM OTH PTY					
	-	IDIND COM OTH PTY SCC		:		,	
	;	IND COM OTH PTY SCC					
		IND COM DOTH PTY SCC					

SUBTOTAL \$

\*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	Am	Amounts may be rounded to whole dollars.						CALIFORNIA 460		
Loans Received				Statement cov from <u>10/23/202</u>	-	FORM	460			
SEE INSTRUCTIONS ON REVERSE					through 12/31/2	2022	- Page <u>6</u>	of <u>17</u>		
NAME OF FILER							I.D. NUMBER			
Rosemary Morrison							1454737			
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	I BALANCE AT	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE		
		TENOD		PAID	PERIOD			CALENDAR YEAR		
				\$	\$	RATE	\$	\$PER ELECTION**		
				·				PERELECTION		
TO IND COM OTH PTY SCC	,	\$	s	\$ <del></del>	DATE DUE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE INCURRED	\$		
				PAID				CALENDAR YEAR		
			;	\$	\$	%	s	\$		
				FORGIVEN		RATE		PER ELECTION**		
† IND COM OTH PTY SCC		. \$	\$	\$	DATE DUE	\$	DATE INCURRED	s		
				PAID	<del>- </del>			CALENDAR YEAR		
				\$	\$	%	s	s		
				FORGIVEN		RATE		PER ELECTION**		
†   IND   COM   OTH   PTY   SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	\$		
	S	UBTOTALS \$	;	\$	\$	\$				
Schedule B Summary			<del></del>		77	(Enter (e) on Sch	nedule E, Line 3)	<del></del>		
1. Loans received this period				\$	<del> </del>					
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.) It are also itemized on Sche	dule A.)		0				committee PTY or SCC)		
<ol><li>Net change this period. (Subtract Lin Enter the net here and on the Summa</li></ol>		•••••		.NEI \$	·····		OTH - Other (e.g., PTY - Political Par SCC - Small Contr	ty		
				My	ay be a negative number)					
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.	)								

\*\* If required.

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

Schedule B – Part 2 Loan Guarantors	to whole dollars.			CALIFORNIA 4.		
SEE INSTRUCTIONS ON REVERSE				through 12/31/2022	Page 7	of
NAME OF FILER Rosemary Morrison	1				I.D. NUMBER 1454737	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER		CALENDAR YEAR	
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
	□ IND		LENDER		CALENDAR YEAR	
	☐ OTH ☐ PTY ☐ SCC		DATE		PER ELECTION (IF REQUIRED)	
	☐ IND		LENDER		CALENDAR YEAR	
	OTH PTY SCC		DATE		PER ELECTION (IF REQUIRED)	
- AV	□IND		LENDER		CALENDAR YEAR	
	□ COM □ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
			SUE	BTOTAL \$ 0	Enter on Summary Page, Line 17 only.	LEBERT CO.

	Amounts may be rounded to whole dollars.		i	40/02/0000	period	CALIF(	ORNIA 460
			thro	ugh 12/31/2022	<u> </u>	Page 8	of
						1.D. NUME 145473	
CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			AMOUNT/ FAIR MARKET VALUE	CALENDA	ΓE R YEAR	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							
d continuation	sheets.	SUBTO	OTAL \$	0	S. C.		
etary contribut	tions of less than \$100	··········	\$ \$_0	)	— IND COM	Individual Recipier (other th Other (e. Political I	nt Committee an PTY or SCC) g., business entity)
	CONTRIBUTOR CODE*    IND	CONTRIBUTOR CODE*  CODE*  CONTRIBUTOR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  IND COM OTH PTY SCC  IND OTH OTH PTY SCC  IND OTH	CONTRIBUTOR CODE*  CONTRIBUTOR COCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  COM COM COM COM COM COM COM COM COM CO	CONTRIBUTOR OCCUPATION AND EMPLOYER CODE*  C	to whole dollars.    Statement covers   from   10/23/2022   through   12/31/2022   through	to whole dollars.    Statement covers period   10/23/2022	to whole dollars.    Statement covers period from 10/23/2022

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole do		Statement covers from 10/23/2022	s period CA	CALIFORNIA 460		
SEE INSTRUCT	ONS ON REVERSE			through 12/31/202	2 Pa	ge of		
NAME OF FILER Rosmeary Mo						NUMBER 54737		
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 CALENDAR YE (JAN. 1 - DEC. 3	AR TO DATE		
		Monetary Contribution			, .			
٠.		Nonmonetary Contribution	1		,			
•	Support Doppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure	: .	**				
		Monetary Contribution				. *		
		Nonmonetary Contribution						
	Support Dppose	Independent Expenditure						
			SUBTOTAL	- \$ 0				
Schedule	D Summary							
1. Itemized	contributions and independent expenditures made	this period. (Inclu	de all Schedule D subtotals	s.)		\$		
2. Unitemize	ed contributions and independent expenditures ma	ade this period of u	nder \$100			\$		
3 Total cont	ributions and independent expenditures made thi	s period (Add Line	s 1 and 2 Do not enter on	the Summary Page	) TOTAL	<b>s</b> 0		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may I to whole d		Statement covers from 10/23/2022 through 12/31/202		Page 10	of 17
Rosemary Mon	rrison				.,	145473	37
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT MEASURE NUMBER OR LETTER AND JURISDIC OR COMMITTEE		DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent					
	Support Oppose  Support Oppose	Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure					
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					

					SCHEDULE				
Schedule E	Amounts may ! to whole d				Statement covers period			ORNIA 460	
Payments Made		,		fr	rom 10/23/2022	<del></del>	FO	RM 400	
				ŧ	hrough 12/31/2022	2	Page	1 of	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	· · · · · · · · · · · · · · · · · · ·				3		I.D. NUM		
Rosemary Morrison						.	14547	37	
CODES: If one of the following codes accurately describ	pes the payment, y	ou may e	nter the code.	Otherwise	e, describe the p	ayment.			
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 con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	nmunications d appearance ses lating s survey resear	es ch ssenger services	RA RF SA TE TR TR TS VO	nd radio airtime and returned contribut campaign worker t.v. or cable airtim candidate travel, staff/spouse traver transfer between	production of tions s' salaries le and product lodging, and it ll, lodging, and committees of	ction costs meals nd meals of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIP	TION OF PAYMENT	100		AMOUNT PAID	
Office Depot Store #912 BURBANK, CZ	A 91502	СМР						411	
United States Postal Service Burbank, CA	· · · · · · · · · · · · · · · · · · ·	POS	<u> </u>					220	
Canva		СМР						170	
* Payments that are contributions or independent expenditures must also	be summarized on Scho	edule D.				SUB	STOTAL S	801	
Schedule E Summary									
Itemized payments made this period. (Include all Schedu	ıle E subtotals.)						\$	301	
2. Unitemized payments made this period of under \$100						**************	\$ _1	8	
3. Total interest paid this period on loans. (Enter amount fro	om Schedule B, Pa	rt 1, Golum	ın (e),)				\$ <u>_</u> 0	· · · · · · · · · · · · · · · · · · ·	

		SCHEDULE E (CONT.)
Amounts may be rounded to whole dollars.	Statement covers period 10/23/2022 from	california 460 form
.,	through 12/31/2022	Page of
		I.D. NUMBER 1454737

Rosemary Morrison			14547	37
CODES: If one of the following codes accurately describes  CMP campalgn 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 circul PHO phone banks POL polling and su POS postage, deliv	munications 1 appearances es ating	Otherwise, describe the payment.  RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost raccandidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sal voter registration WEB information technology costs (internet,	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
•				
		:		

Schedule E

NAME OF FILER

(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 10/23/2022	california 460
	The second secon	through <u>12/31/2022</u>	Page 13 of 17
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Rosemary Morrison	<del>androg van gjergen en skriver en en geregen fan de fan de fan de</del> Geregen en skriver en Geregen en skriver en		1.D. NUMBER 1454737
CODES: If one of the following codes accurately descended in the campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	costs duction costs id meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR OUTSTANDIN DESCRIPTION OF PAYMENT BALANCE BEGIN OF THIS PERI	INING THIS PERIOD THIS P	T PAID OUTSTANDING ERIOD BALANCE AT CLOSE
4			X'
* 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 accrued expenses of \$100 or more, plus total unitem	e all Schedule F, Column (b) subtotals for nized accrued expenses under \$100.)		TALS \$
Total accrued expenses paid this period. (Include all accrued expenses of \$100 or more, plus total unitem			
Net change this period. (Subtract Line 2 from Line 1 on the Summary Page, Column A, Line 9.)	Enter the difference here and		

SCHEDULE F (CONT.)
--------------------

Schedule F	Amounts may be rounded		GOTILDOLLT (GOTT)
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from 10/23/2022 through 12/31/2022	CALIFORNIA 460 FORM of 17
NAME OF FILER			1.D. NUMBER
Rosemary MOrrison	ŧ		1454737

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 SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals candidate filing/ballot fees --PHO phone banks TRS staff/spouse travel, lodging, and meals fundraising events POL polling and survey research POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* IND

PRO professional services (legal, accounting)

PRT print ads

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

LEG

legal defense

campaign literature and mailings

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
					:
		1 2 2 5 5 1 145 17	Laboration of the second of th		
	SUBTOTALS	\$	\$	\$	\$

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

Schedule 'G			SCHEDULE (
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 10/23/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2022</u>	Page 15 of 17
NAME OF FILER			I.D. NUMBER
Rosemary Morrison			1454737
NAME OF AGENT OR INDEPENDENT CONTRACTOR			<del>,</del>

COI	DES: If one of the following codes accurately descri	ibes the	payment, you may enter the code.	Otherwise,	, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	ŞAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND,	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

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\* \$ 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
LIFORN FORM	<sup>1</sup> 460
T O I NI	
je <u>16</u>	of 17
NUMBER	
54737	
(f) RIGINAL	(g) CUMULATIVE
DUNT OF	LOANS
LOAN	TO DATE
	CALENDAR YEAR
	\$
	PER ELECTION**
INCURRED	\$
	CALENDAR YEAR
	s
	PER ELECTION**
- WOURDED	\$
INCURRED	J. a 32
	20 7 2 7 1 1 1 1 1 1 1

Schedule H Loans Made to Others*		Amounts m to who	ay be rounded le dollars.		Statement covers period CALIFORNIA from 10/23/2022 FORM			<sup>IIA</sup> 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Processory Morrison			· · · · · · · · · · · · · · · · · · ·		through12/31/2	2022	Page 16 I.D. NUMBER 1454737	of <u>17</u>
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b)  AMOUNT LOANED THIS PERIOD	(c) REPAYMENT FORGIVENES THIS PERIO	SS BALANCE AI	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$	\$	PAID  FORGIVEN  S	\$	% RATE	\$DATE INCURRED	\$PER ELECTION**
		\$	\$	PAID  S FORGIVEN  S FORGIVEN	DATE DUE	RATE	\$DATE INCURRED	SPER ELECTION**
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	s	\$		
Schedule H Summary  1. Loans made this period	s of less than \$100.)		•	·		(Enter (e) on Schedule I, Line 3)		**If Required
(Total Column (c) plus unitemized payn 3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summa	nents of less than \$100.). 2 from Line 1.)				NET \$ 0	be a negative number)		

Schedule I Miscellane	ous increases to Cash to w	Amounts may be rounded to whole dollars.		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Rosemary Morrison				Page 17 of 17  I.D. NUMBER  1454737	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DI	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
\$					
Attach additional information on appropriately labeled continuation sheets.			SUBTOTAL	SUBTOTAL \$	
Schedule I	Summary creases to cash this period.		\$ 0	-	
	I increases to cash of under \$100 this period.		_	·	
3. Total of all	interest received this period on loans made to others. (Schedule H,	Column (e).)	\$ <u>0</u>	- - ,	
4. Total misce Summary I	ellaneous increases to cash this period. (Add Lines 1, 2, and 3. Ente Page, Line 14.)	r here and on the	**	FPPC Form 460 (Jan/2016)) ce@fppc.ca.gov (866/275-3772)	

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