

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1.26.23
through 6.30.23

Date of election if applicable:
(Month, Day, Year)
2023 AUG -2

11.8.22

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LOS ANGELES COUNTY
CAMPAIGN FINANCE SECTION
AUG -2 PM 11:36

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1358882

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Re-Elect Shelley Ryan in 2022

STREET ADDRESS (NO P.O. BOX)

CITY San Marino STATE CA ZIP CODE 91108 AREA CODE/PHONE (626) 497-1570

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

shelleyryan898@gmail.com (626) 568-8809 Fax

Treasurer(s)

NAME OF TREASURER

Kelly Ryan

MAILING ADDRESS

STATE ZIP CODE AREA CODE/PHONE

San Marino CA 91108 (626) 617-8887

NAME OF ASSISTANT TREASURER, IF ANY

Tustin Ryan

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Marino CA 91108 (626) 497-1569

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this state certify under penalty of perjury under the laws of the State of California

plete. I

Executed on 7.28.23
Date

Executed on 7/29/23
Date

Executed on 7/29/23
Date

Executed on 7-29-23
Date

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Committee to Re-Elect Shelley Ryan in 2022 to Board of

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Education

San Marino Unified School District

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

San Marino CA 91108

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?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS 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

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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 checked="" type="checkbox"/> SUPPORT
<i>Shelley Ryan</i>	<i>San Marino Board of Education</i>	<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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1.01.23</u>	CALIFORNIA FORM 460
through <u>6.30.23</u>	
Page <u>3</u> of <u>3</u>	
I.D. NUMBER <u>1358882</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>0</u>	\$ _____
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>0</u>	\$ _____
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>0</u>	\$ _____

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>0</u>	\$ _____
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	\$ <u>0</u>	\$ _____

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>4,000</u>
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	\$ <u>0</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4,000</u>

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).

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

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>