

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

5123

Date Stamp BY LOS ANGELES CO	CALIFORNIA FORM 460
2023 JAN 26 AM 11:20 (FE) 1/25/23 CAMPAIGN FINANCE	Page 1 of 3 For Official Use Only 020867 C11339*

Statement covers period from 07/01/2022 through 12/31/2022	Date of Election if applicable _____ (Month, Day, Year)
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1. Type of Recipient Committee

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input checked="" type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
|---|---|

2. Type of Statement

- | | |
|--|---|
| <input type="checkbox"/> Pre-election Statement
<input checked="" type="checkbox"/> Semi-Annual Statement
<input type="checkbox"/> Termination Statement
<input type="checkbox"/> Amendment | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Statement
<input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. Number 1430117

COMMITTEE NAME
Trisha Murakawa for El Camino Community College Board 2020

Treasurer(s)

NAME OF TREASURER
Jane Leiderman

STREET ADDRESS (NO PO BOX)

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 323/655-4065

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 323/655-4065

MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE

STREET ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing an complete. I certify under penalty of perjury under t

owledge the information contained herein is true and is true and correct.

Executed on 1/25/23 By _____

STANT TREASURER _____

Executed on 1/23/2023 By _____

JRE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

**CALIFORNIA
FORM 460**

Statement covers period
from 07/01/2022
through 12/31/2022

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Trisha Murakawa

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Board of Education El Camino

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Redondo Beach CA 90278

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 OR CANDIDATE OR PROPONENT

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 Murakawa for El Camino Community College Board 2024	I.D. NUMBER 1442046
NAME OF TREASURER Jane Leiderman	CONTROLLED COMMITTEE ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY Encino	STATE ZIP CODE AREA CODE/PHONE CA 91436 323/655-4065

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

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**

SUMMARY PAGE

Statement covers period from <u>07/01/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>3</u>

NAME OF FILER Trisha Murakawa for El Camino Community College Board 2020

I.D. NUMBER
1430117

	Column A	Column B
Contributions Received		
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ 0.00	\$ 0.00
2. Loans Received <i>Schedule B, Line 3</i>	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1+2</i>	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3+4</i>	\$ 0.00	\$ 0.00

**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 <i>Schedule E, Line 4</i>	\$ 0.00	\$ 0.00
7. Loans Made <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6+7</i>	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	0.00	0.00
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	0.00	0.00
11. TOTAL EXPENDITURES MADE <i>Add Lines 8+9+10</i>	\$ 0.00	\$ 0.00

**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 <i>Previous Summary Page, Line 16</i>	\$ 12,843.35
13. Cash Receipts <i>Column A, Line 3 above</i>	0.00
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	0.00
15. Cash Payments <i>Column A, Line 8 above</i>	0.00
16. ENDING CASH BALANCE <i>Add Lines 12+13+14, then subtract Line 15</i>	\$ 12,843.35
17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ 0.00

Cash Equivalents and Outstanding Debts

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