

# Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

8/11/22 (1) 5  
SHORT FORM

**Statement covers period**  
 from 01/01/2022  
 through 06/30/2022

**Date of election if applicable**  
 (Month, Day, Year)

Date Stamp  
 RECEIVED BY  
 LOS ANGELES COUNTY  
 2022 AUG -3 PM 12:50  
 CAMPAIGN FINANCE

**CALIFORNIA FORM 450**

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For Official Use Only

## 1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

## 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Quarterly Statement
- Special Odd-year Report

Amendment (Explain) \_\_\_\_\_  
 (Also check type of statement you are amending)

## 3. Committee Information

I.D. NUMBER

1395208

COMMITTEE NAME

Concerned Citizens to Recall School Board Members

STREET ADDRESS (NO P.O. BOX)

c/o Lysa Ray

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Ana</u>	<u>CA</u>	<u>92704</u>	<u>(714) 540-2295</u>

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

lray

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

lysaray.campaignservices@gmail.com

## Treasurer(s)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Ana</u>	<u>CA</u>	<u>92704</u>	<u>(714) 540-2295</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to th  
 under penalty of perjury under the laws of the State of California that the foregoing is tru

contained herein is true and complete. I certify

Executed on 8/1/2022  
 DATE

By \_\_\_\_\_

TREASURER

Executed on \_\_\_\_\_  
 DATE

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
 DATE

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
 DATE

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 1/1/2022  
through 6/30/2022

SHORT FORM

**CALIFORNIA  
FORM 450**

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I.D. NUMBER  
1395208

NAME OF COMMITTEE

Concerned Citizens to Recall School Board Members

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	<u>1,350.00</u>
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	<i>Add Lines 1 + 2</i>	\$ <u>1,350.00</u>
4. Nonmonetary Adjustment .....	<i>From Line 8 Below</i>	<u>0.00</u>
5. Total expenditures made from previous statement .....	<i>Previous Summary Page, Line 6</i>	\$ <u>0.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE .....	<i>Add Lines 3 + 4 + 5</i>	\$ <u>1,350.00</u>

**Contributions Received**

7. Monetary contributions received this period .....	\$	<u>0.00</u>
8. Non-monetary contributions received this period .....		<u>0.00</u>
9. Total contributions received from previous statement .....	<i>Previous Summary Page, Line 10</i>	\$ <u>0.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	<i>Add Lines 7 + 8 + 9</i>	\$ <u>0.00</u>

**Current Cash Statement**

11. Beginning cash balance .....	<i>Previous Summary Page, Line 15</i>	\$	<u>2,329.23</u>
12. Cash receipts this period .....	<i>Line 7 above</i>		<u>0.00</u>
13. Miscellaneous increases to cash .....		\$	<u>0.00</u>
14. Cash expenditures this period .....	<i>Line 3 above</i>		<u>1,350.00</u>
15. ENDING CASH BALANCE THIS PERIOD .....	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>979.23</u>

**Recipient Committee  
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Statement covers period		<b>CALIFORNIA FORM 450</b>
from	1/1/2022	
through	6/30/2022	Page <u>3</u> of <u>4</u>
NAME OF COMMITTEE		I.D. NUMBER
Concerned Citizens to Recall School Board Members		1395208

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Concerned Citizens to Recall School Board Members

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
1/4/2022	Lysa Ray Campaign Services Santa Ana, CA 92704			600.00	<b>Calendar Year</b> \$ <u>1,350.00</u> <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
2/3/2022	Lysa Ray Campaign Services Santa Ana, CA 92704			150.00	<b>Calendar Year</b> \$ <u>1,350.00</u> <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
3/29/2022	Lysa Ray Campaign Services Santa Ana, CA 92704			300.00	<b>Calendar Year</b> \$ <u>1,350.00</u> <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
<b>SUBTOTAL \$</b>				1,050.00	

\* Required only for payments which are contributions or independent expenditures.

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NAME OF COMMITTEE

Concerned Citizens to Recall School Board Members

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
5/3/2022	Lysa Ray Campaign Services Santa Ana, CA 92704			150.00	<b>Calendar Year</b> \$ <u>1,350.00</u> <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
6/3/2022	Lysa Ray Campaign Services Santa Ana, CA 92704			150.00	<b>Calendar Year</b> \$ <u>1,350.00</u> <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
					<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
<b>SUBTOTAL \$</b>				1,350.00	

\* Required only for payments which are contributions or independent expenditures.