		403 0218-	COVER PAGE
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)		LOS ANGELES COUNT	CALIFORNIA 4 C C
	from09/25/2022	Oate of election if applicable (Month, Day, Year) 2124 FEB 12 PM 12: 18-	Page1 of10 For Official Use Only 021383
EE INSTRUCTIONS ON REVERSE	through10/22/2022	2(8/24Gis	C11699
. 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	rimarily Formed Ballot Measure committee) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ officeholder Committee lso Complete Part 7)	☐ Semi-annual Statement ☐ Special ☐ Termination Statement ☐ Supple	rly Statement I Odd-Year Report mental Preelection ent - Attach Form 495
Committee information	. NUMBER 1449751	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Farrah Dodes for School Board 2022		NAME OF TREASURER Michelle Moore Sanders MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP COL	
CITY STATE ZIP CO Inglewood CA 9030 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	1 (310)817-6679	NAME OF ASSISTANT TREASURER, IF ANY Cine D. Ivery	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY STATE ZIP COD	
OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / mymsanders@politicalreportin	gplus.com	OPTIONAL: FAX / E-MAIL ADDRESS	
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on		e atlached schedules	s is true and complete. I certify
Date 01/31/2024 Date		sible Officer of Sponsor	-
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	_
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (Jan/2016)

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PAGE - PART 2							
CALIF FC	ORNIA ORM	4	60					
Page	2	of	. 10					

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Farrah Dodes						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N .	SUPPORT OPPOSE
Board of Education Beverly Hills Unified Hills	School Board City of Beverly					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP					
	Inglewood CA 90301		Identify the controlling of	ficeholder, can	didate, or state measu	re proponent, if any
	ingrement of year		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT	
Related Committees Not Included in this	Statement: Lister					
not included in this statement that are controlled by y			OFFICE SOUGHT OR HELD		DISTRICT N	IO. IF ANY
contributions or make expenditures on behalf of your						
COMMITTEE NAME	I.D. NUMBER					
	i.b. Nomber					
		_				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(
	YES NO		/ Candidate			omea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE		
				CANDIDATE	OFFICE SOUGHT OR HEL	.D SUPPORT
	•			CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
CITY STATE Z	IIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR HEL	SUPPORT
CITY STATE Z	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR			D SUPPORT
			NAME OF OFFICEHOLDER OR			SUPPORT
	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE		D SUPPORT SUPPORT OPPOSE D OPPOSE
				CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE OPPOSE
COMMITTEE NAME NAME OF TREASURER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.	I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALI	CALIFORNIA FORM		460	
from	09/25/2022	. F			+00	4
46	10/22/2022	Page	3	of	10	

SUMMARY PAGE

SEE	INS	TRU	ICT	IONS	ON	REV	/ERS
,	. 1140	1110		10110	011		LIVO

NAME OF FILER

Farrah Dodes for School Board 2022

Statement covers period	CALIFORNIA 160
from09/25/2022	FORM 400
through10/22/2022	Page3 of10
	I.D. NUMBER
	1449751

Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$650.00	\$5,215.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	5,200.00	12,950.00	1
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$5,850.00	\$18,165.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	9,747.31	9,747.31	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$15,597.31	\$27,912.31	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$217.71	\$8,475.98	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$8,475.98	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00	1,250.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	9,747.31	9,747.31	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$9,965.02	\$19,473.29	\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$4,056.73	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	5,850.00	amounts in Column A to the corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	217.71	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$9,689.02	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	t
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts	,
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$0.00		·
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$14,200.00		
			FPPC Form 460 (Jan/2)

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

Schedule / Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cove	•	CALIFO	DRNIA	CHEDULE A
AME OF FILER	NS ON REVERSE		,	through	022	Page		10
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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	DATE	PER ELE TOD (IF REQ	ATE
10/10/2022	Emily Fialho Beverly Hills, CA 90211	⊠IND □COM □OTH □PTY □SCC	Physical Therapist Fialho Therapy	50.00 Received through inter eFundraising Connection Sacramento, CA 95816-3		50.00		
10/10/2022	Hartlev Kershman Beverly Hills, CA 90212	⊠IND □COM □OTH □PTY □SCC	Realtor Avenue 8	150.00 Received through inter eFundraising Connection Sacramento, CA 95816-3	mediary: hs	150.00 G2	022	\$150.00
10/10/2022	Charles Moffitt Beverly Hills, CA 90212	⊠IND □COM □OTH □PTY □SCC	Retired None	150.00 Received through inter eFundraising Connection Sacramento, CA 95816-3	mediary: ns	150.00 G2	2022	\$150.00
10/10/2022	Sibongile Ngako Beverly Hills, CA 90212	⊠IND □COM □OTH □PTY □SCC	Director of Global Compliance Affirm Financial Company	150.00 Received through interePundraising Connectio	mediary: ns	150.00 G2	2022	\$150.00
10/13/2022	Stacey Book Beverly Hills, CA 90212	IND COM OTH PTY	Media Director Fugitive Media Inc	150.00 Received through inter eFundraising Connection Sacramento, CA 95816-3	mediary: ns	150.00 G2	2022	\$150.00
			SUBTOTAL	\$ 650.00				
l. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$ <u></u>	650.00	IND-	ntributor Co - Individual 1 - Recipier (other th		
3. Total mone	ceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			650.00	PTY	I – Other (e – Political I – Small Co	Party	

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

Schedule B – Part 1 Loans Received	Amo	ounts may be ro			Statement cov		CALIFORN	^A 460
Loans Neceived					from09/25	5/2022	FORM	.00
SEE INSTRUCTIONS ON DEVERSE				1	through10/22	2/2022	Page5	of10
NAME OF FILER							I.D. NUMBER	
Farrah Dodes for School Board 2022							1449751	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Farrah Dodes (ID# 1449751)	President Beverly Hills Education	TENIOD		PAID	- TEMOS			CALENDAR YEAR
Inglewood, CA 90301 Received through intermediary: eFundraising Connections Sacramento, CA 95814	Foundation			\$0.0	\$ 1,250.00	0.00 _%	\$_1,250.00	\$22,697.31 PER ELECTION**
TE IND □ COM □ OTH □ PTY □ SCC	,	\$1,250.00	\$0.00	\$0.0	07/13/2023 DATE DUE	\$0.00	07/13/2022 DATE INCURRED	\$ G2022 22,697.31
Farrah Dodes (ID# 1449751)	President Beverly Hills Education			PAID				CALENDARYEAR
Inglewood, CA 90301 Received through intermediary eFundraising Connections Sacramento, CA 95814	Foundation			\$0.0	\$ 1,500.00	0.00% RATE	\$_1,500.00	\$ 22,697.31 PER ELECTION **
TIND □ COM □ OTH □ PTY □ SCC		\$1,500.00	\$0.00	\$0.0	07/20/2023 DATE DUE	\$0.00	07/20/2022 DATE INCURRED	\$ G2022 22,697.31
Farrah Dodes (ID# 1449751)	President Beverly Hills Education			PAID	-			CALENDARYEAR
Inglewood, CA 90301 LOAN @ -0-% INTEREST	Foundation			\$0.0	\$	0.00 _%	\$_5,000.00	\$22,697.31 PER ELECTION**
†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$5,000.00	\$0.00	\$0.0	09/13/2023 DATE DUE	\$0.00	09/13/2022 DATE INCURRED	\$ G2022 22,697.31
		SUBTOTALS \$	0.00	0.	00\$ 7,750.00	\$ 0.00		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		- COBTOTALO V				(Enter (e) on		
Schedule B Summary						Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans	s of less than \$100 \			\$ _	5,200.00	(+ 0	ontributor Codes	
						l IN	ontributor Codes D – Individual	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100				\$	0.00	CC	OM – Recipient Co	ommittee PTY or SCC)
(Include loans paid by a third party that		dule A.)				07	TH – Other (e.g., TY – Political Part	business entity)
3. Net change this period. (Subtract Line	e 2 from Line 1.)			NET \$	5,200.00		CC - Small Contril	
Enter the net here and on the Summar				· ·	(May be a negative number)	_		
*Amounts forgiven or paid by another party also	must be reported on Schedule A.)						
** If required.		J			ı	PPC Advice: a		orm 460 (Jan/2016 gov (866/275-377)

SCHEDULE B - PART 1 (CONT.) Schedule B – Part 1 (Continuation Sheet) Statement covers period Amounts may be rounded CALIFORNIA Loans Received to whole dollars. 09/25/2022 **FORM** from 10/22/2022 of __10 Page ____6___ through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Farrah Dodes for School Board 2022 1449751 (d) OUTSTANDING IF AN INDIVIDUAL, ENTER OUTSTANDING FULL NAME, STREET ADDRESS AND ZIP CODE CUMULATIVE AMOUNT INTEREST ORIGINAL AMOUNT PAID OCCUPATION AND EMPLOYER BALANCE BALANCEAT OF LENDER RECEIVED THIS PAID THIS AMOUNT OF CONTRIBUTIONS OR FORGIVEN (IF SELF-EMPLOYED, ENTER BEGINNING THIS CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD PERIOD LOAN TO DATE NAME OF BUSINESS) THIS PERIOD PERIOD PERIOD President Farrah Dodes (ID# 1449751) CALENDAR YEAR □ PAID Beverly Hills Education Foundation Inglewood, CA 90301 0.00% 5,200.00 22,697.31 0.00 5,200.00 RATE FORGIVEN PER ELECTION** 10/07/2023 10/07/2022 G2022 22,697.31 0.00 5,200.00 0.00 0.00 DATE INCURRED DATE DUE TIND □ COM □ OTH □ PTY □ SCC CALENDAR YEAR □ PAID RATE PER ELECTION ** FORGIVEN DATE DUE DATE INCURRED ☐ COM ☐ OTH ☐ PTY ☐ SCC CALENDAR YEAR PAID RATE FORGIVEN PER ELECTION** DATE INCURRED †□ IND □ COM □ OTH □ PTY □ SCC DATE DUE CALENDAR YEAR □ PAID

SUBTOTALS \$

FORGIVEN

0.00\$

5,200.00\$

DATE DUE

5,200.00\$

*Amounts forgiven	or paid by	another	party	also	must	be	reported	on	Schedule /	۹.
** If required.										

†Contributor Codes

DATE INCURRED

IND - Individual

0.00

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

PER ELECTION **

[†]□ IND □ COM □ OTH □ PTY □ SCC

Schedule C Nonmonetary Contribut	ions Received	Amounts may be rounded to whole dollars.			Statement covers period			SCHEDULE C		
Noninoneary Contract	iono reconved		to whole dollars.		from	09/25/202		FO		460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through	10/22/202		Page		10
Farrah Dodes for School Board	1 2022							144975	L	
DATE ZIP CODE OF	REET ADDRESS AND F CONTRIBUTOR SO ENTER I.D. NUMBER)	CONTRIBUTOR CODE_*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	Т	ELECTION O DATE (EQUIRED)
In-Kind Contribution	1	☑IND □COM □OTH □PTY □SCC	President Beverly Hills Education Foundation	Bill Paid By Th Party	nird	4,801.63	2	2,697.31	G2022	\$22,697.3
In-Kind Payee Bull		IND □COM □OTH □PTY □SCC	President Beverly Hills Education Foundation	Mailer		4,945.68	2	2,697.31	G2022	\$22,697.3
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach additional information	on appropriately label	ed continuati	on sheets.	SUBTO	TAL \$	9,747.31	判据		X	
Schedule C Summary 1. Amount received this period- (Include all Schedule C subto					\$	9,747.3	IND-	tributor Co	t Commit	
2. Amount received this period	- unitemized nonmoneta	ry contributio	ns of less than \$100		\$	0.0		•		ness entity)
Total nonmonetary contribution (Add Lines 1 and 2. Enter her		Page, Colum	n A, Lines 4 and 10.)	TOTAL	. \$	9,747.3	scc			Committee

I.D. NUMBER 1449751 SCHEDULE E

EE IN	ISTRUCT	TONS ON	REVERSE
EE IN	ISTRUCT	IONS ON	REVERSE

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

independent expenditure supporting/opposing others (explain)*

candidate filing/ballot fees

CNS campaign consultants

CVC civic donations

LEG legal defense

FND fundraising events

NAME OF FILER

Farrah Dodes for School Board 2022

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

MBR member communications RAD radio airtime and production costs

returned contributions MTG meetings and appearances OFC office expenses SAL campaign workers' salaries

petition circulating TEL t.v. or cable airtime and production costs

PHO phone banks TRC candidate travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals POL

POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting)

VOT voter registration

LIT campaign literature and mailings	PRT print ads	regal, accounting)	WEB information techn	ology costs (internet, e-n	nail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
eFundraising Connections	CMP	Credit Card P	rocessing Fees		2.05
Sacramento, CA 95816-3783					
eFundraising Connections	CMP	Credit Card P	rocessing Fees		193.40
Sacramento, CA 95816-3783					
eFundraising Connections	CMP	Credit Card P	rocessing Fee		5.55
Sacramento, CA 95816-3783					
-					
* Payments that are contributions or independent expenditures	SUBTOTAL\$	201.00			
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)			\$	217.71
2. Unitemized payments made this period of under \$100	\$	0.00			
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Part 1, Colum	ın (e).)		\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3.	TOTAL \$	217.71			

Schedule E

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460	١
Payments Made	to whole dollars.	from09/25/2022	FORM 400	4
SEE INSTRUCTIONS ON REVERSE		through10/22/2022	Page 9 of 10	
NAME OF FILER			I.D. NUMBER	
Farrah Dodes for School Board 2022			1449751	
CODES: If one of the following codes accurate	ly describes the payment, you may enter the code. Other	wise, describe the payment.		

		_						
COL	DES: If one of the following codes accurately describes	the	payment, ye	ou may	enter the code.	Otherwise,	describe the payment.	
CMP CNS CTB CVC FLD END LEG LT	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	office expens petition circul phone banks polling and s postage, deli-	d appearan ses ating urvey rese very and n	ces	VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production cos candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sa voter registration information technology costs (internet,	nme candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
eFun	draising Connections			CMP	Credit Card	Processing	Fee	5.55

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT			AMOUNT PAID		
eFundraising Connections		CMP	Credit Card Processing Fee				5.55	
Sacramento, CA 95816-3783								
General Logistics Systems US, Inc.			POS	Messenger	Service		1:	1.16
San Ramon, CA 94583								
							,	
•								
				-				
							<u> </u>	

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

SUBTOTAL \$

16.71

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cove	2022 FO	SCHEDULE FORNIA 460 DRM
SEE INSTRUCTIONS ON REVERSE			through	Page .	of
NAME OF FILER				I.D. NUN	MBER
Farrah Dodes for School Board 2022				14497	51
CODES: If one of the following codes accurately described 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 LT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services (PRT print ads	earch messenger services	RAD radio airtime air returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra TSF transfer betwee VOT voter registrati	nd production costs butions kers' salaries time and production cost el, lodging, and meals avel, lodging, and meals en committees of the sa	me candidate/sponsor
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
Gluck Marketing Group	CMP	1,250.00	0.00	0.00	1,250.0
Beverly Hills, CA 90210					

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1,250.00\$	0.00\$	0.00\$	1,250.0
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all Schedu accrued expenses of \$100 or more, plus total unitemized accrued.) 			INCURRED	TOTALS \$	0.00
Total accrued expenses paid this period. (Include all Schedule accrued expenses of \$100 or more, plus total unitemized payme			PAID	TOTALS \$	0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the on the Summary Page, Column A, Line 9.)				NET \$	0.00 negative number

1,250.00