,			-	20155 5105
Recipient Committee Campaign Statement Cover Page	`		RECEIVED BY	CALIFORNIA 460
	Statement covers period from 10/23/2022	Date of election if applicable: (Month, Day, Year)	RECEIVED BOUNTY S ANGELES COUNTY B JUL 26 PM 2: 23	Page 1 of 17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/22	11/08/2022	AMPAIGN FINANCE	C11833
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	112CF020W	
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee	rimarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	t Specermination)	rterly Statement cial Odd-Year Report
Small Contributor Committee	officeholder Committee  Uso Complete Part 7)		<u> </u>	
3 Committee Information	D. NUMBER 154737	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		-
Morrison for School Board 2022		Rosemary Morrison MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	ODE AREA CODE/PHONE
		Burbank	CA 915	02 8187201245
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Burbank CA 91502 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS	
james4burbankschool22@gmail.com		teliciaann@gmail.com		
<ol> <li>Verification         I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of     </li> </ol>	-	nowledge the information contained	I herein and in the attached sc	hedules is true and complete. I
Executed on 7/15/23	Ву	ssistant	t Treasurer	
Executed onDate	BySignature of Col	isure Pr	roponent or Responsible Officer of Spons	aor :

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ...

Executed on ...

FPPC Form 460 (Jan/2016))

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page 2	of <u>17</u>

Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Ballo	ot Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
James L. Morrison						Ī			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBE	R IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Burbank Unified School District School Board						-			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP			1.			
	Burbank	CA	91502		Identify the controlling office	eholder, candid	date, or state measur	e propor	ent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this S	fatomont.	l iot any ag	mmittana				4		
not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primari				OFFICE SOUGHT OR HELD		DISTRI	CT NO. IF	ANY
COMMITTEE NAME	I.D. NUMB	BER				, , , , , , ,			
THE STATE OF THE S				7.	Primarily Formed Can	didate/Office	eholder Committ	ee List	names of
NAME OF TREASURER		LLED COMM			officeholder(s) or candidate(s	) for which this	committee is primaril	y formed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES	□ NO	0		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	RHELD	1
,									SUPPORT OPPOSE
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT
COMMITTEE NAME	I.D. NUMB	FR					1.4		☐ OPPOSE
	I.B. NOMB				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	RHELD	☐ SUPPORT ☐ OPPOSE
NAME OF TREASURER	CONTROL	LED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)	□ NO	<u> </u>						OPPOSE
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		Atta	ach continuatio	on sheets if necessa	ny	

## **Campaign Disclosure Statement**

Amounts may be rounded

	RY	

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Summary Page	to whole dollars.	from <u>10/</u>		california 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rosemary Morrison		_ through .	12/31/22	Page 3 of I.D. NUMBER 1454737
Contributions Received  1. Monetary Contributions	150	* 3440 * 3440	Running in Both th General Elections	hrough 6/30 7/1 to Date  \$\frac{3440}{3393}\$
Expenditures Made  5. Payments Made  7. Loans Made  8. Subtotal Cash Payments  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  Schedule E, Line 4  Schedule E, Line 3  Schedule F, Line 3  Add Lines 8 + 9 + 10	\$ -824	\$ \$ \$	Candidates  22. Cumulat	Summary for State  ive Expenditures Made* o Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	150 56 824 \$ 47	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	*Amounts in this section reported in Column B.	may be different from amounts
18. Cash Equivalents	\$ \$	any).	FPPC Advice: ad	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)

				-	•		
Schedule A Monetary	A Contributions Received		nts may be rounded whole dollars.	Statement cover from 10/23/2022	ers period	CALIFO FOR	
SEE INSTRUCTIC	ONS ON REVERSE			through 12/31/202	22	Page 4	
NAME OF FILER Rosemary Mo						1.D. NUMI 1454737	BER
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 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		1 4	i		
			SUBTOTAL S	\$			
	A Summary eceived this period – itemized monetary contribution	ns.	10	00	IND	ntributor Cod - Individual	

(Include all Schedule A subtotals.) ......\$

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ 50

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

3. Total monetary contributions received this period. 

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

## Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A	(CONT.)
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Monetary C	Contributions Received	to whole t	onars.	from 10/23/2022	ers period .	CALIF FO	ornia 460
				through 12/31/20	22	I	of
NAME OF FILER						Not yet	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 - DEC	/EAR	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					
		□IND □COM □OTH □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  Loans Received  Amounts may be rounded to whole dollars.				Statement coverage from 10/23/202	-	california 460 form		
SEE INSTRUCTIONS ON REVERSE		•			through 12/31/2	022	Page 6	of <u>17</u>
NAME OF FILER				<del></del>			I.D. NUMBER	
Rosemary Morrison				7			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 PAII OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
(	, , , , , , , , , , , , , , , , , , , ,			PAID	- \$;	% RATE	\$	\$
				FORGIVEN		RAIE		PER ELECTION
† IND COM OTH PTY SCC		\$	s <u></u>	\$	DATE DUE	\$	DATE INCURRED	\$
IND COM OTH FIT COC				PAID				CALENDAR YEAR
e e	,		•	\$	- \$	% RATE	s	\$
				FORGIVEN		NAIL .		PER ELECTION*
†   IND		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
<u> </u>		<del> </del>		☐ PAID				CALENDAR YEAR
				\$	. \$	% RATE	\$	\$
				FORGIVEN		1		PER ELECTION*
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS §	<b>,</b>	\$	\$	\$		
Schedule B Summary		Vi Aldo Lv.			· <del>D., · · · · · · · · · · · · · · · · · · ·</del>	(Enter (e) on Sched	lule E, Line 3)	
1. Loans received this period		•••••		\$ 0	· · · · · · · · · · · · · · · · · · ·			
(Total Column (b) plus unitemized loan 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.) t are also itemized on Sche	edule A.)		•	· · · · · · · · · · · · · · · · · · ·	. IN		committee PTY or SCC)
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e ∠ trom Line 1.)y Page, Column A, Line 2.		•••••••••••		May be a negative number)	P	TH Other (e.g., TY Political Par CC Small Contr	ty

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

Sche	dule	В	_	Part	2
Loan	Gua	ra	nt	ors	

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/22	CALIFORNIA 460 FORM
through 12/31/2022	Page 7 of 17
	i.D. NUMBER 1454737

SEE INSTRUCTIONS ON REVERSE				through	raye	VI					
NAME OF FILER Rosemary Morrison					1.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	□ОТН □РТҮ	,	DATE		PER ELECTION (IF REQUIRED)						
	□IND □COM	C	LENDER		CALENDAR YEAR						
	□отн □рту	□отн □ртү	□отн □рту	□отн □ртү	□отн □рту	□отн □рту		DATE		PER ELECTION (IF REQUIRED)	
	□scc	SC			\$						
·	□IND		LENDER		CALENDAR YEAR						
	□сом				\$						
	□отн □ртү	,	DATE	PER ELECTION (IF REQUIRED)							
	□scc		· · · · · · · · · · · · · · · · · · ·		\$						
	□IND		LENDER		CALENDAR YEAR						
	□сом	,	·		\$						
	□OTH □PTY		DATE		PER ELECTION (IF REQUIRED)						
-	□scc				\$						
	<u> </u>	**************************************	SUBI	TOTAL \$0	Enter on Summary Page, Line 17 only,						

d	to whole dollars.			10/23/2022		CALIFORNIA 460	
			thro	ugh 12/31/2022		Page 8	of
CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			AMOUNT/ FAIR MARKET VALUE	CALEND	ATE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
□ IND □ COM □ OTH □ PTY □ SCC				: .:	! ţ	TI :	
☐IND ☐COM ☐OTH ☐PTY ☐SCC						-	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
□IND □COM □OTH □PTY □SCC		-					
led continuation	sheets.	SUBT	OTAL S	\$ 0			
onetary contribut	ions of less than \$100		\$ <u>-</u>	)	OT PT	D – Individual M – Recipier (other th H – Other (e. Y – Political I	nt Committee an PTY or SCC) g., business entity)
	IND COM OTH PTY SCC	CONTRIBUTOR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)    IND	CONTRIBUTOR OCCUPATION AND EMPLOYER OCODE*  CODE*  CONTRIBUTOR OCCUPATION AND EMPLOYER OCODS OR SERVING OCODS OCODS OR SERVING OCODS O	to whole dollars.  from three contributions of less than \$100	to whole dollars.  Statement covers prome 10/23/2022 through 12/31/2022 page 12/3	to whole dollars.    Statement covers period from 10/23/2022	to whole dollars.    Statement covers period from 10/23/2022   Page   Page   I.D. NUME   145473

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rosmeary Morrison		Amounts may be to whole doll	rounded lars.	Statement covers from 10/23/2022 through 12/31/202	FO Page 9	9 17	
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution Nonmonetary Contribution			-		
	☐ Support ☐ Oppose	Independent Expenditure  Monetary Contribution					
		Nonmonetary Contribution Independent					
	Support D Oppose	Expenditure  Monetary Contribution  Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$ 0			

## Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)\$	0
2. Unitemized contributions and independent expenditures made this period of under \$100\$	0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	0

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees  NAME OF FILER Rosemary Morrison		Amounts may be re to whole dolla		Statement cover from 10/23/2022 through 12/31/20		SCHEDULE D (CO)  CALIFORNIA 46  FORM  Page 10 of 17  I.D. NUMBER 1454737	
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 CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose  Support Oppose  Support Oppose						
	☐ Support ☐ Oppose	Nonmonetary Contribution Independent Expenditure		:		1	
,			SUBTOTAL	- \$ 0			

							SCHEDULE E
Schedule E  Amounts may be rounded to whole dollars.					atement covers period	O/ALE.II	ORNIA 460
Payments Made	from	10/23/2022	FO	RM -TOO			
SEE INSTRUCTIONS ON REVERSE				throu	<sub>igh</sub> 12/31/2022	Page	or
NAME OF FILER						I.D. NUN 14547	;
Rosemary Morrison						14547	
CODES: If one of the following codes accura  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  LEG legal defense  LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s s (explain)*	mmunications and appearance ses ulating s survey researd livery and mes		RAD RFD SAL TEL TRC TRS TSF VOT	lescribe the payme radio airtime and product returned contributions campaign workers' salatt.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodg transfer between comm voter registration information technology of	ction costs ries production cost: g, and meals ging, and meals ittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF F (IF COMMITTEE, ALSO ENTER I.D. N		CODE	OR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID
Office Depot Store # 912 BURBANK & 3RD B	URBANK, CA 91502	СМР		-			411
United States Postal Service Burbank, CA		POS				.,	220
Canva		СМР				TH	170
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.  * SUBTOTAL \$ 801							
Schedule E Summary					<del></del>		
Itemized payments made this period. (Include all Schedule E subtotals.)						\$ _	301
2. Unitemized payments made this period of un							3
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)							

SCH	IEDL	JLE	Εí	CO	NT.

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rosemary Morrison	from					CHEDULE E (CONT PRINT A 16 0 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
CODES: If one of the following codes accurately descended in the compaign paraphernalia/misc.  CNS campaign consultants 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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si * POS postage, deli	munications d appearances ses lating	RAD IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	escribe the payme adio airtime and product teturned contributions campaign workers' salarity. Or cable airtime and pandidate travel, lodging staff/spouse travel, lodging transfer between commit voter registration information technology careful and the payment of the payment o	tion costs ies production costs , and meals ng, and meals ttees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
,	_					
	. ,					

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

SUBTOTAL \$ 819

; ; ;

Schedule F Accrued Expenses (Unpaid Bills)	led	Statement covers period CALIFORNIA FORM			
			through 12/31/20	022 Pag	ge <u>13</u> of <u>17</u>
NAME OF FILER					NUMBER 54737
Rosemary Morrison					
CODES: If one of the following codes accurately described 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 communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	nd production costs butions ers' salaries time and production co el, lodging, and meals en committees of the s	ls ame 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
	٦		`		·
				-	
			(1)	. ### ( > 1 *** ***	:
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	<b>\$</b>	\$
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTALS	\$
2. Total accrued expenses paid this period. (Include all Schoaccrued expenses of \$100 or more, plus total unitemized					
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and			NET	\$
, , ,					May be a negative number PPC Form 460 (Jan/2016)

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

Cabadula E	Amounts may be rounded		SCHEDOLL! (OOK
chedule F Continuation Sheet) .ccrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from 10/23/2022 through 12/31/2022	CALIFORNIA 460 FORM  Page 14 of 17
NAME OF FILER			I.D. NUMBER
Rosemary MOrrison			1454737

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

				•		• -
CMP	campalgn paraphernalia/misc.	MBR	member commun			radio airtime and production costs
	campaign consultants	MTG	meetings and app	earances RF	RFD 1	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SA		campaign workers' salaries
	civic donations	PET	petition circulating			t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TF	RC (	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey	research TF		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery	and messenger services TS	SF 1	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional servi	ces (legal, accounting) VC	OT ·	voter registration
	campaign literature and mailings	PRT	print ads	W	VEB i	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 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
				<u>.</u>	
	SUBTOTALS	<u> </u> \$	\$	\$	\$

Schedule G	•	
		or Independent
Contractor (or	n Behalf of This	Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period from 10/23/2022	CALIFORNIA 460
through 12/31/2022	Page 15 of 17
	I.D. NUMBER
	1454737

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rosemary Morrison

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

MBR member communications

MTG meetings and appearances

MTG meetings and appearances

MTG office expenses

MTG meetings and appearances

MTG office expenses

RAD radio airtime and production costs returned contributions

returned contributions

SAL campaign workers' salaries

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

OFC office expenses

PET petition circulating

PHO phone banks

SAL campaign workers salaries

t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

FND fundraising events

FND fundraising events

FND independent expenditure supporting/opposing others (explain)\*

FOL polling and survey research

TRS staff/spouse travel, lodging, and meals

TRS transfer between committees of the same candidate/sponsor

LEG legal defense

LIT campaign literature and mailings

PRO professional services (legal, accounting)
PRT print ads

VOT voter registration
WEB information technology costs (internet, e-mail)

\* 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
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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.

chedule H .oans Made to Others*	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Statement covers period from 10/23/2022		CALIFORNIA 460 FORM		
EE INSTRUCTIONS ON REVERSE					through12/31/2	022	Page 16	of 17
AME OF FILER					11 . A. M. M. M	<del></del>	I.D. NUMBER	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Rosemary Morrison							1454737	
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 C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	s	%	s	s
				☐ FORGIVEN		RATE		PER ELECTION**
	-	\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
				  □ PAID				CALENDAR YEAR
				\$	. s	%;	\$	s
				FORGIVEN	i.,	RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$		
			<u></u>	<u> </u>		(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					0	•		
. Loans made this period					\$ <del></del>		- г	**IS Dominal
(Total Column (b) plus unitemized loan Payments received on loans					\$ <u>0</u>			**If Required
(Total Column (c) plus unitemized payr  Net change this period. (Subtract Line)	nents of less than \$100.)				0			
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)	)			•			

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www.fppc.ca.gov

(May be a negative number)

SCHEDULE H

Schedule I Miscellaneous in  SEE INSTRUCTIONS ON REV NAME OF FILER Rosemary Morrison	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from 10/23/2022 through 12/31/2022	CALIFORNIA 460 FORM  Page 17 of 17 I.D. NUMBER 1454737	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	7		:	ind in the second secon	
	٠.				
Attach additional infor	mation on appropriately labeled continuation sheets.		SUBTOTA	L \$	
<ol> <li>Unitemized increase</li> <li>Total of all interest re</li> <li>Total miscellaneous</li> </ol>	es to cash this periodes to cash of under \$100 this periodes to cash of under \$100 this periodeceived this period on loans made to others. (Scholincreases to cash this period. (Add Lines 1, 2, and	edule H, Column (e).)	\$\frac{0}{0}\$		
Summary Page, Lin	e 14.)			FPPC Form 460 (Jan/2016))	

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