F.						507	SI
Recipient Committee Campaign Statemen Cover Page				,	Date Stamp	C.	COVER PAGE ALIFORNIA 460 FORM
3	,		Statement covers period 7/1/2022		JAN 20 PM 3	: 12	For Official Use Only
EE INSTRUCTIONS ON REVERSE	.* / ***	thro	ough 10/31/2022	- GITTZOZZ	MPAIGN FINA	NUC (017476
. Type of Recipient Comi Officeholder, Candidate Co State Candidate Election Recall (Also Complete Part 5) General Purpose Committed Sponsored Small Contributor Comi Political Party/Central Com	ontrolled Committee on Committee ee mittee	Primari Commi Corre Spo (Also Comp	ily Formed Ballot Measure Itee ntrolled onsored	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statemen (Also file a Form 410 Amendment (Explain	int nt Termination)	Quarterly	CIIGT3 Statement dd-Year Report
Berlinda Brown PACC	TE'S NAME IF NO COMM			Treasurer(s) NAME OF TREASURER Veronica D Housto MAILING ADDRESS	n CA	91107	626-403-8955
CITY Pasadena MAILING ADDRESS (IF DIFFEREN	CA STATE CA	91103 ZIP CODE 91103 P.O. BOX	626-798-9193 AREA CODE/PHONE 626-798-9193	Pasadena NAME OF ASSISTANT TREASU	STATE CA IRER, IF ANY	21P CODE 91107	AREA CODE/PHONE
Altadena OPTIONAL: FAX / E-MAIL ADDRES	STATE CA	2IP CODE 91003	AREA CODE/PHONE 626-798-9193	OPTIONAL: FAX/E-MAIL ADDI	STATE	ZIP CODE	AREA CODE/PHONE
L Verification I have used all reasonable dilig certify under penalty of perjury Executed on 1/16/20 Executed on 1/16/20	under the laws of the					ched schedule	es is true and complete. 1
Executed on	Date		Ву	Signature of Controlling Officeholder, Candidate		W 15 1	
Executed on	Date	a - 1 6	-,	Signature of Controlling Officeholder, Candidate		dvice: advice@	FPPC Form 460 (Jan/2016)) fppc.ca.gov (866/275-3772)

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Recipient Committee Campaign Statement Cover Page — Part 2

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Page _	1	of }

Officeholder or Candidaté Controlled Com	nittee		6.	Primarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		· · · · · · ·		NAME OF BALLOT MEASURE				
Berlinda Brown PACCD Board of Trustee	s 2022							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	**	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
PACCD Board of Trustees Board Membe	r			<u> </u>	<u> </u>			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP		Manuficials and sufficient services	entite e e la tra			
Pasadena	CA	91103		Identify the controlling office		-	sure propo	nent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT								
Related Committees Not Included in this St not included in this statement that are controlled by your contributions or make expenditures on behalf of your car	or are primarily formed to			OFFICE SOUGHT OR HELD		DIST	RICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER							
Oomini (TEE IVIIII)	I.D. ROMOLIN							
			7.	Primarily Formed Candi	date/Office	eholder Commi	ittee tie	names of
NAME OF TREASURER	CONTROLLED COMMIT			officeholder(s) or candidate(s)	or which this	committee is prima	rily formed	. names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	POX)			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	T
				Berlinda Brown		Board Memb	ber	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA COD	E/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
								OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	
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NAME OF TREASURER	CONTROLLED COMMIT	TEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	OR HELD	
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Adding rendances Affer Spayes Inches	· HSON							1
CITY. STATE ZIP	CODE AREA COD	E/PHONE		Attac	h/continuette	n sheets if necess	2004	
-				Allac	- communicatio	n sneets ii necess	ary	

Campaign Di				
Summary Pa	ge	 	:	

Amounts may be rounded to whole dollars.

Statement covers period from 5/2/2022 CALIFORNIA 460 FORM 460 through 6/39/2022 Page _____ of _____ I.D. NUMBER:

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BERLINDA BROWN PACED BOARD OF TRUSTES ZOZZ

Column A Column B Calendar Year Summary for Candidates

1. Monetary Contributions. Schedule A Line 3 \$ 2.450 \$ 2.000 \$ 13.000 \$ 11 through 850 7t to D 2. Loans Received. Schedule B Line 3 \$ 2.450 \$ 2.000 \$ 13.000 \$ 20.000 \$ 2.000	Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
6. Payments Made Schedule E. Line 4 \$ 6. 42	Loans Received	10,000	13,000 127,050	20. Contributions \$ 27.050 \$
0. Nonmonetary Adjustment. Schedule C, Line 3 1. TOTAL EXPENDITURES MADE. Add Lines 8 + 9 + 10 \$ Lirrent Cash Statement 2. Beginning Cash Balance. Column A, Line 3 above 4. Miscellaneous Increases to Cash. Schedule I; Line 4 5. Cash Payments. Column A, Line 8 above 6. ENDING CASH BALANCE. Add Lines 12 + 13 + 14, then subtract Line 15 \$ If this is a termination statement, Line 16 must be zero. (mm/dd/yy) Db. (D7) 3022 \$ (2.55) Db. (D7) 3022 \$	Payments Made Schedule E. Line 4 Loans Made Schedule H. Line 3	· \	*********************	Candidates 22. Cumulative Expenditures Made
2. Beginning Cash Balance Previous Summary Page, Line 16 3. Cash Receipts Column A. Line 3 above. 4. Miscellaneous Increases to Cash Schedule I. Line 4 5. Cash Payments Column A. Line 8 above. 6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. To calculate Column B. add amounts in Column A. to the corresponding amounts from Column B. Amounts in this section may be different from amore amounts in Column A. to the corresponding amounts from Column B. If this is a termination statement, Line 16 must be zero.	0. Nonmonetary Adjustment Schedule C, Line 3 1. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	; 6.926	s <u>/2581</u>	
be negative figures that should be subtracted from previous period amounts. If	2. Beginning Cash Balance	12.450 6.926	add amounts in Column A to the corresponding amounts from Column B of your last report. Some	*Amounts in this section may be different from amounts
ash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if.	If this is a termination statement, Line 16 must be zero. LOAN GUARANTEES RECEIVED		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	

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

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole do		Statement covers period FORM from 7/1/2022 CALIFORNIA FORM 10/31/2022 Page 2			of	
Berlinda Br	rown PACCD Board of	Trustees 2022					14447	16
DATE	NAME OF CANDIDATE, OF MEASURE NÚMBER OR LE OR COM	TTER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
9-24-2022	Tony for Pasadena V	Vater Board 2022	Monetary Contribution Nonmonetary Contribution Independent	Campaign Contribution	\$250	\$250		\$250
9-21-2022	⊠ Support Michelle Bailey Rich	Oppose ardson PUSD 2022	Expenditure Monetary Contribution Nonmonetary Contribution Independent	Campaign Contribution	\$500	\$500		\$500
	⊠ Support	Oppose	Expenditure Monetary Contribution Nonmonetary Contribution	22.00				······································
	☐ Support	☐ Oppose	Independent Expenditure			1		
9-30-2022	Juan Pablo for PUSD) 2022 ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Campaign Contribution	\$250	\$250		\$250
	7,013			SUBTOTAL	\$ 1000			6-15-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-

Schedule	D						SCHEDULE D	
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole doll		Statement cover	rs period	CALIFORNIA 460		
	ons on reverse			through 10/31/	2022	Page 1	of 2	
NAME OF FILER		AP CO				I.D. NUME		
Berlinda B	rown PACCD Board of Trustees 2022					14447	16	
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	CUMULATIVI CALENDA (JAN. 1 - E	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/4/2022	Patrice Marshall for PUSD 2022	Monetary Contribution Nonmonetary Contribution	Campaign Contribution	\$200	\$20	00	\$200	
	Support □ Oppose	Independent Expenditure						
		Monetary Contribution						
,		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure Monetary	· · · · · · · · · · · · · · · · · · ·					
		Contribution						
		Nonmonetary Contribution						
	Support Oppose	Independent Expenditure						
			SUBTOTAL	\$ 200				
Schedule	D Summary							
	contributions and independent expenditures mad	e this period. (Include	e all Schedule D subtotals	s.)	**********	\$	1200	
-	d contributions and independent expenditures m	·						
	ributions and independent expenditures made th						1200	

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

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers	CALIFORNIA A CO
from 7/1/2022	FORM 40U
through 10/31/20	22 Page 1 of 3
· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Berlinda Brown PACCD Board of Trustees 2022 1444*/* 16

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 CMP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* OFC :office expenses SAL campaign workers' salaries PET petition circulating TEL. t.v. or cable airtime and production costs. CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees POL polling and survey research. staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) voter registration legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LIT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tony for Pasadena Water Board 2022 Arcadia, CA 91006	Campaign Contribution	\$250
Berlinda Brown Pasadena, CA 91103	Loan Repayment	\$13,000
Michelle Bailey Richardson PUSD 2022 Pasadena, CA 90042	Campaign Contribution	\$500

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 13.750** Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

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SCH	FDUI	JE JE	(CONT.)

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

| Statement covers period | T/1/22 | CALIFORNIA 460 | FORM | FORM | FORM | Page 2 | Of 3 | I.D. NUMBER | CALIFORNIA | FORM | FOR

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Berlinda Brown PACCD Board of Trustees 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 CMP campaign paraphernalia/misc. MTG meetings and appearances CNS campaign consultants RFD returned contributions OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* petition circulating PET TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* IND

LEG legal defense PRO professional services (legal, accounting)

UT campaign literature and mailings

PRT print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Pasadena Tournament of Roses **CTB** \$1000 Pasadena, CA 91184 Campaign Tony for Pasadena Water Board 2022 \$250 Contribution Arcadia, CA 91006 Aspires West CTB \$1000 Pasadena, CA 91103 Asnires West \$500 CTB Pasadena, CA 91103 Juan Pablo Albai PUSD 2022 Campaign \$250 Contribution Pasadena, CA 91103

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

SUBTOTAL\$ 3000

Schedule E	Amounts may be rounded		SCHEDULE E (CONT.)
(Continuation Sheet)	to whole dollars.	Statement covers period	CALIFORNIA 460
Payments Made	•	from <u>7/1/2022</u>	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 10/31/2022	Page 3 of 3
NAME OF FILER	(A)	2.3 L	I.D. NUMBER
Berlinda Brown PACCD Board of Truste	ees 2022		1444716

IND independent expenditure supporting/opposing others (explain)* POS postage, de	mmunications and appearance ases ulating as survey-researc	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same of	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Adelante Youth Alliance Pasadena, CA 91104	СТВ		\$200
Patrice Marshall PUSD 2022 Redondo Beach, CA 90278	******	Campaign Contribution	\$200
THE WAY (Holy Assembly) Altadena 91001	СТВ		\$250
Holy Assembly Church of God Pasadena, CA 91103	СТВ		\$412

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

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1/19/23 05/5

Statement of C	100				Date	Stamp V (1)	CAL	IFORNIA AAA
Recipient Com	nmittee		- ml		LOS Â	MGELES	Ci · F	ORM 410
Statement Type	☐ Initial	☐ Amendment	X	Termination – See Part 5	1000			For Official Use Only
	O Not yet qualified	ь			2023 J	IAN 20 PI	1 3: 12	
	O Date qualification threshold met	Date qualification threshold met		Date of termination	CAM	PAIGN EH	NAMEE	
				10 , 31 , 2022	in in the second			
1. Committee	e information: I.D. Numbe	r1444716		2. Treasurer and	Other Princ	pal Officer	S E	
NAME OF COMMITTEE	*:- *p	to the state of th		NAME OF TREASURER				VI
Berlinda Brov	vn			Veronica D. Hou	ston			
	d of Trustees 2022			STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O.	envi			- I Area		.,1	1	
1 STREET ADDRESS (NO NO.	. eqx/			Pasadena		CA	21P CODE 91107	626-403-8955
CITY	STATE ZIP C			NAME OF ASSISTANT TREASURER	R, IF ANY			020-403-6933
Pasadena	CA 911	03 626-798-9193	3					
FULL MAILING ADDRESS	Altadena, CA 91003	,		STREET ADDRESS (NO. P.O. DOX)				
E-MAIL ADDRESS (REQUIR			-	CITY.		STATE	ZIP CODE	AREA CODE/PHONE
brown4pcctrus	tee@gmail.com	A- 89 35F					-	- 4
Los Angeles	PACCD	MITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)	Mr. 17. Co.			
Los Angeles	TAGOD	- 11 AN		STREET ADDRESS (NO P.O. BOX)		- 11 - 191 - N		
				494				4
Attach additiona	l information on appropriately lo	beled continuation sheets.		CITY		STATE	ZIP-CODE	AREA CODE/PHONE
<u> </u>								43
3. Verificatio		M. M. N. R.			1 数 位	1 影 参	134	《海绵集物》
	easonable diligence in preparing	this statement and to the bes	t o	f my knowledge the informa	tion contained	herein is true	and com	plete. I certify under
	ry under the laws							
Executed on 1711	6/2023				-		- 70 . ·	
Executed on 111	16/2023				_		-	
	I DATE				F			
Executed on	DATE	SIGNATURE OF CONT	ROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed on	DATE By							
	UALE	SIGNATURE OF CONT	ROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			EDDC Form #10 (A. mint /2018)

Berlinda Brown PACCD Board of Trustees All committees must list the financial institution where the campaign bank account is located. RAME OF PRIMARUAL INSTITUTION Bank Of America AND CONFINIONE Bank Of America CA 91106 CITY Pasadena CA 91106 CITY POOL COMMITTEE NAME OF PRIMARUAL INSTITUTION Pasadena CA 91106 CONTROLLED COMMITTEE List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. RAME OF PARTY CHICAGO PRIMARUAL PRIMARUA	Ctatamant of C	Year wiestien					•		CALIE	ODNIA .	
INSTRUCTIONS ON REVERSE Page 2 LIR NUMBER 1444716											10
Berlinda Brown PACCD Board of Trustees - All committees must list the financial institution where the campaign bank account is located. - All committees must list the financial institution where the campaign bank account is located. - All committees must list the financial institution where the campaign bank account is located. - All committees - Bank Of America - State		3.4			•				; FU	RIVI -	
PACCD Board of Trustees All committees must list the financial institution where the campaign bank account is located. AMEA CODE/PRIONE Bank Of America Bank ACCOUNT NUMBER Bank Of America AMEA CODE/PRIONE Bank Of America Bank ACCOUNT NUMBER Bank Of America CA 91106 AND STATE TOY STATE	INSTRUCTIONS ON REVERS	5.			e to the contract		-11		Page 2	atr sabili	
All committees must list the financial institution where the campaign bank account is located. AMERICA FRINANCIAL INSTITUTION Bank Of America AMERICA FRINANCIAL INSTITUTION Bank Of America AMERICA CONFIDENCE CONFIDENCE Pasadena CA 91106 CONTROLLES Committee List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the electric office sought or held, and district number, if any, and the year of the electrion. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan," Stating "No party preference" is acceptable If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. PARTY (INCLUDE DISTRICT NUMBER) PARTY (INCLUDE DISTRICT NUMBER) PARTY CHECK ONE PARTY (INCLUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE) CANDIDATE(S) NAME OR MEASURE(S) FULL THILE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) NAME OR MEASURE(S) FULL THILE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR, HELD DR MEASURE(S) LURISDICTION (INCLUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE) CHICKORN CHICKORN SUPPORT OPPOSITION CHI	COMMITTEE NAME	Berlinda Brown		36		i ,		= = = = = = = = = = = = = = = = = = = =	LD. NUMBER		7
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Bank Of America 626-578-5181 325107355317 CITY STATE CA 91106 44-11/pperof-Committeen complete the applicables schools Controlled Committee List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee, NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT ELECTIVE OFFICE SOUGHT OF HELD PARTY (INCLUDE DISTRICT NUMBER) IF APPLICABLES PARTY CHECK ONE Nonpartisan Partisan (Itst political party below Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: CANDIDATE(S) OFFICE SOUGHT OF HELD DR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD DR MEASURE(S) IURISDICTION (INCLUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE) CIECCORE CANDIDATE(S) OFFICE SOUGHT OR HELD DR MEASURE(S) IURISDICTION (INCLUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE) CIECCORE SUPPORT OPPOSIT	All committees n	nust list the financial institution where the	campaign bar	ik account is locate	d.						
Pasadena CA 91106 44 Wperof Gommittee Controlled Committee List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT [INCLUDE DISTRICT NUMBER/IF APPLICABLE] PARTY ELECTIVE OFFICE SOUGHT OR HELD YEAR OF ELECTION CHECK ONE PARTY CHICK ONE RECALL, STATE "RECALL" IN FROMT OF THE OFFICEHOLDER'S NAME. CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (HICCUDE DISTRICT NO, CITY OR COUNTY, AS APPLICABLE) CHICKONE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE STATE AND ASSURED TO THE OFFICEHOLDER'S NAME. SUPPORT OPPOSE SUPPORT OPPOSE STATE AND ASSURED TO THE OFFICEHOLDER'S NAME. SUPPORT OPPOSE SU	NAME OF FINANCIAL INSTITU	TION	AREA CO	DDE/PHONE	3.	BANK ACCOU	NT NUMBER	-in-		/	:
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Controlled Committee List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT RECETTIVE OFFICE SOUGHT OR HELD YEAR OF ELECTION PARTY CHECK ONE			Pasad	dena	C	Α	9	1106			
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Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

Berlinda Brown P	ACCD Board of Trustees 20	022			"	1444716
;!• 4-ткурею/котинti	ee (Continued)				Charles and	(A)\$4(0.710; \$2.572,603.5)
General Purpose Committe	Not formed to support or opp	pose specific candidates or COUNTY Comm		tion. Check of		
PROVIDE BRIEF DESCRIPTION OF ACTIV	ΤΥ					
- Sponsored Committee -	List additional sponsors on an attac	hment.	····	·		-
NAME OF SPONSOR		INDUSTRY GROUP	OR AFFILIATION OF SPONSOR			
STREET ADDRESS NO. A	NO STREET	СІТУ		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	//		**************************************			· · · · · · · · · · · · · · · · · · ·
5. Termination Rec	Date qualified UITEMENTS By signing the verification	n, the treasurer, assistant treasure	rand/or candidate, officehold	er, or ponent cer	tify that all of the fo	ollowing conditions have been met:
	eased to receive contributions and n					A
This committee does	not anticipate receiving contribution	ns or making expenditures in	n the future; 🗸			
This committee has e	liminated or has no intention or abili	ity to discharge all debts, lo	ans received, and other o	obligations; 🗸	/	
This committee has n	o surplus funds; and 🗸					
This committee has fi	ed all campaign statements require	d by the Political Reform Ac	t disclosing all reportable	transactions		
	re restrictions on the disposition of ment Code Section 89519.	surplus campaign funds hel	d by elected officers who	are leaving o	office and by de	feated candidates. Refer to
- Leftova	r funds of hallot measure committee	es may be used for nolitical	legislative or governmen	ntal nurrioses	under Governn	nent Code Sections 89511 -

89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.