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 exp

Statement covers period		Date of election if applicab	
m	07/01/2022	(Month, Day, Year)	
	19/31/2022		

Date Stamp

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received or made loans, and have no outstanding accrued expenses.	through12/31/2022		CAMPAIGN FIN 2:	491188
1. Type of Recipient Committee:		2. Type of Statement:		E .
O Primarily Formed	neral Purpose Committee Sponsored Small Contributor Committee	☐ Pre-election Statement ☑ Semi-annual Statement ☐ Termination Statement	☐ Quarterly Sta ☐ Special Odd-	
 Primarily Formed Candidate/ Officeholder Committee 		Amendment (Explain) (Also check type of statement you	rare amending)	
3. Committee Information	I.D.NUMBER 1395208	Treasurer(s)		
COMMITTEE NAME		NAME OF TREASURER	A 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Econcerned Citizens to Recall School Board	Members	Lysa Ray		
AC B. Mrs. State Company	5	MAILING ADDRESS		
STREET ADDRESS (NO.RO. BOX)	TELEPISE TELEPISE	THE CITY AREA CODE (**.OH	STATE ZIP CODE	AREA CODE/PHONE
OIT/	ADEA CODE/DUOVE	Santa Ana	CA 92704	(714)540-2295
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	NY	
	2704 (714)540-2295			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O 1ray	. BOX	MAILING ADDRESS		
	CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	-	OPTIONAL: FAX / E-MAIL ADDRESS		
lysaray.campaignservices@gmail.com				
4. Verification I have used all reasonable diligence in preparing an under penalty of perjury under the laws of the State		knowledge the information c	ontained herein is true and co	omplete. I certify
Executed on1/24/2023		ATURE OF TREASURER OR ASSISTANT T	TREASURER	
Executed on	SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, STATE MEASURE PROF	PONENT, OR RESPONSIBLE OFFICER OF	SPONSOR
Executed on	Bysignatur	E OF CONTROLLING OFFICEHOLDER, CANDIDATE, S	STATE MEASURE PROPONENT	
Executed on	Ву			
DATE	. SIGNATUR	E OF CONTROLLING OFFICEHOLDER, CANDIDATE, S		PPC Form 450 (Jan/20

-		∿	SHORT FORM	
Recipient Committee Campaign Statement	Amounts may be rounded to whole dollars.	Statement covers period 7/1/2022	CALIFORNI	^A 450
Summary Page	to whole donals.	from	FORM	
		through 12/31/2022	Page 2	_ of2
NAME OF COMMITTEE			I.D.NUMBER	
Concerned Citizens to Recall School Board Members			1395208	
Expenditures Made				
1. Expenditures of \$100 or more made this period			\$	0.0
2. Expenditures under \$100 made this period (Not itemize	ed.)			0.0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		Add Lines 1 + 2	\$	0.0
4. Nonmonetary Adjustment		From Line 8 Below		0.0
5. Total expenditures made from previous statement and only of the calendar year, enter	rzero:)	Previous Summary Page, Line 6	\$ \$	1,350.0
on (If this is the first statement for the calendar year, enter		Add Lines 3 + 4 + 5	\$	1,350.0
			- 5u	
Contributions Received		and the second s		er de manufale en partie immegale de mit de plane administration de la company de la c
7. Monetary contributions received this period		The state of the s	\$	0.0
8. Non-monetary contributions received this period				0.0
9. Total contributions received from previous statement (If this is the first statement for the calendar year, enter		Previous Summary Page, Line 10	\$	0.0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$	0.0
Current Cash Statement				
11. Beginning cash balance		Previous Summary Page, Line 15	\$	979.2
12. Cash receipts this period		Line 7 above		0.0
13 Miscellaneous increases to each			¢	0.0

0.00

979.23