| Recipient Committee |
|----------------------------|
| Campaign Statement |
| Cover Page |

Executed on _



COVER PAGE RECEIVED BY CALIFORNIA A
ANGELES COUNT FORM

| SEI | E INSTRUCTIONS ON REVERSE | Statement covers period from $\frac{07/01/2022}{\text{through}}$ | Date of election if applicable: 1023 FEB (Month, Day, Year) | | | For Official Use Only |
|-----|---|--|--|-------------|----------------|-----------------------|
| 1. | Type of Recipient Committee: All Committees - C | omplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | | |
| | ✓ Officeholder, Candidate Controlled Committee | Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) | Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) | 5 [| Quarterly Stat | ement rear Report |
| 3. | Committee Information | I.D. NUMBER 1431132 | Treasurer(s) | | | |
| | COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE |) | NAME OF TREASURER | | | |
| | Parris for College Board 2020 | | Rutger Parris MAILING ADDRESS | | | |
| | STREET ADDRESS (NO P.O. BOX) | , | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | Lancaster | CA | 93534 | 661-949-2595 |
| | CITY STATE ZIP C | ODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| | Lancaster CA 935 | | | | | |
| | MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B | ox | MAILING ADDRESS | | | , |
| | CITY STATE ZIP C | ODE AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRESS | | | |
| 4. | Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on 2/5/2023 Date Date | of California that the fi | | - | | |
| | Date | | himme at an improved amortiones the conservations as inspected to | op on on it | | |

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

| COVE | R PAGE - PART 2 |
|---------|-----------------|
| CALIFOR | NIA 460 |
| FORM | 400 |
| | |
| Page 2 | of <u>17</u> |

| . Officeholder or Candidate Controlled Comm | nittee | 6. | Primarily Formed Ballo | t Measure C | Committee | |
|--|-------------------------------|-------------|---|--------------------------------|--------------------------|-----------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | |
| Rutger Parris | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST | RICT NUMBER IF APPLICABL | -E) | BALLOT NO. OR LETTER | JURISDICTIO | N | SUPPORT |
| Community College Board | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | | ZIP 3534 | Identify the controlling office | holder, candid | ate, or state measure pr | oponent, if any. |
| | | - | NAME OF OFFICEHOLDER, CAN | NDIDATE, OR P | ROPONENT | |
| Related Committees Not Included in this Stanot included in this statement that are controlled by you of contributions or make expenditures on behalf of your can | r are primarily formed to rec | | OFFICE SOUGHT OR HELD | - | DISTRICT | O. IF ANY |
| COMMITTEE NAME | I.D. NUMBER | | | - | | |
| NAME OF TREASURER | CONTROLLED COMMITTE | 7. | Primarily Formed Cand officeholder(s) or candidate(s) | idate/Office for which this | cholder Committee | List names of med. |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. | | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT OR HE | D SUPPORT OPPOSE |
| | CODE AREA CODE/F | PHONE | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT OR HE | SUPPORT OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT OR HE | SUPPORT OPPOSE |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. | CONTROLL'ED COMMITTE | E? | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT OR HE | SUPPORT OPPOSE |
| | CODE AREA CODE/F | PHONE | Attac | ch continuatio | n sheets if necessary | |

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

| NAME OF FILER | | _ | | I.D. NUMBER |
|--|--|---|---|---|
| Parris for College Board 2020 | | | ** | 1431132 |
| Contributions Received | COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE | Calendar Year Sum Running in Both the General Elections | mary for Candidates e State Primary and |
| 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ | \$ \$ \$ | 20. Contributions Received \$ 21. Expenditures Made \$ | 7/1 to Date \$\$ |
| Expenditures Made 6. Payments Made | \$ | \$ | | Summary for State To Expenditures Made* Voluntary Expenditure Limit) Total to Date |
| Current Cash Statement 12. Beginning Cash Balance | \$ 3897.81 | 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 correct the amounts. | *Amounts in this section n reported in Column B. | ay be different from amounts |
| Cash Equivalents and Outstanding Debts 18. Cash Equivalents | \$ | only carry over the amounts from Lines 2, 7, and 9 (if any). | FPPC Advice: adv | FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov |

| Schedule A | | Amoun | ts may be rounded | | | CALIFORNIA 460 | | |
|-------------------|--|--------------------|---|------------------|----------------|---|-------------------------|--|
| | ontributions Received | to | whole dollars. | Statement cov | ers period | | | |
| monotary c | | | | from 07/01/2022 | | FORM 40U | | |
| | | | | | | | | |
| SEE INSTRUCTIONS | S ON REVERSE | | | through 12/31/20 | 22 | Page | 4 of | |
| NAME OF FILER | | | | | | I.D. NU | JMBER | |
| Parris for Colle | ge Board 2020 | | | | | 143113 | 32 | |
| | FULL NAME, STREET ADDRESS AND ZIP CODE OF | | IF AN INDIVIDUAL, ENTER | AMOUNT | CUMULATIVE TO | DATE | PER ELECTION | |
| DATE | CONTRIBUTOR | CONTRIBUTOR | OCCUPATION AND EMPLOYER | RECEIVED THIS | CALENDAR Y | EAR | TO DATE | |
| RECEIVED | (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE * | (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | PERIOD | (JAN. 1 - DEC | . 31) | (IF REQUIRED) | |
| - | | □IND | | -, | | | | |
| | | □сом | | | | | | |
| | | □отн | | | | | | |
| | | PTY | | | | | | |
| | | SCC | | | | \rightarrow | | |
| | | ☐ IND ☐ COM | | | | | | |
| | | □COM | | | | | | |
| | | □OIII | | | | | | |
| | | scc | | | | | | |
| | | □IND | | | | | | |
| | | □сом | | | | | | |
| | | □отн | | | | | | |
| | | PTY | | | | | | |
| | | □scc | | | | | | |
| | | □IND | | | 1 | | | |
| | | СОМ | | | | | | |
| | | □OTH □PTY | | | | | | |
| | | scc | | | | | | |
| | | □IND | | | | | | |
| | | СОМ | | | | | | |
| | | □отн | | | | | | |
| | | □PTY | | | | | | |
| | | scc | | <u></u> | <u> </u> | | | |
| | | | SUBTOTALS | 5 | | 4.5 | | |
| Schedule A | Summary | | | | *Con | tributor C | codes | |
| | - | | | | I . | – Individu | | |
| | eived this period – itemized monetary contribution | | œ | | СОМ | | ent Committee | |
| (molude all s | Schedule A subtotals.) | | Φ — | | ļ ₀ | | than PTY or SCC) | |
| 2 Amount room | eived this period – unitemized monetary contribut | ions of less than | \$100 \$ | | | Otner (Political | (e.g., business entity) | |
| Z. AITIOUTIL TECE | aved this period – uniternized monetary contribut | ions of icss tildi | . Ψ100 Ψ | | | | Contributor Committee | |
| 3 Total moneta | ary contributions received this period. | | | | | | | |
| | and 2. Enter here and on the Summary Page, C | column A, Line 1 | .)TOTAL \$ | | | FPP | C Form 460 (Jan/2016) | |
| , | , | , | | | | | , , , | |

www.fppc.ca.gov

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 07/01/2022

| | | | | through 12/31/20 | 22 | Page _ | 5 of |
|-------------------------------|--|---------------------------------------|---|-----------------------------------|--|-------------------|------------------------------------|
| NAME OF FILER Parris for Coll | ege Board 2020 | | | | | 1.D. NU 143113 | • |
| 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 YI (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

| Amounts | may | be | rounded |
|---------|------|------|---------|
| to wi | olo: | IIAh | are |

| Schedule B – Part 1 Loans Received | Am | to whole dollar | | | Statement cov from <u>07/01/2022</u> | | CALIFORN | CALIFORNIA 460 | | |
|---|---|---|--|-------------|--|--|--|--|--|--|
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER Parris for College Board 2020 | | | | | through 12/31/2 | 022 | Page 6 I.D. NUMBER 1431132 | of_17 | | |
| Partis for College Board 2020 | | | | | | | 1431132 | | | |
| 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 | THIS PERIOD | N BALANCE AT | (e) INTEREST PAID THIS PERIOD | | (g) CUMULATIVE CONTRIBUTION TO DATE | | |
| | | | | ☐ PAID | | | | CALENDAR YEAR | | |
| | | | | \$ | s | RATE | \$ | PER ELECTION | | |
| | | s | s | s | | \$ | _ | s | | |
| [†] □IND □ COM □ OTH □ PTY □ SCC | | | | | DATE DUE | | DATE INCURRED | | | |
| | | - | | \$FORGIVEN | s | % RATE | \$ | \$PER ELECTION* | | |
| TO IND COM OTH PTY SCC | | \$ | \$ | s | DATE DUE | s | DATE INCURRED | \$ | | |
| | | | | | s | % | s | \$ | | |
| • | | | | FORGIVEN | | l lais | | PER ELECTION | | |
| † IND COM OTH PTY SCC | | s | s | s | DATE DUE | s | DATE INCURRED | s | | |
| | S | UBTOTALS \$ | 5 | \$ | \$ | \$ | | | | |
| Cahadula D Cummanu | | | | | Annual Professional Control of Co | (Enter (e) on Sch | Manager A. Languer Through department | the second second second second | | |
| Schedule B Summary 1. Loans received this period | on of long than \$100.) | | | \$ | | | | | | |
| (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 tha | 00 paid or forgiven.) | | | \$ | | | †Contributor Codes IND – Individual COM – Recipient C (other than | | | |
| Net change this period. (Subtract Lin Enter the net here and on the Summa | e 2 from Line 1.) | | ••••••••••••••••••••••••••••••••••••••• | . NET \$ | | | OTH – Other (e.g., PTY – Political Part SCC – Small Contri | business entity) | | |
| | | | | (1) | May be a negative number) | | | | | |

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

** If required.

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

| | | Amounts may be rounded | | | | | SCHEDULE B - PART 2 | | | |
|--|----------------------|---|--------------|-------------|-------------------------------------|-------------------------------|---|-----------------------------------|-------------------------|--|
| Schedule B – Part 2 .oan Guarantors | | Amounts may be rounded to whole dollars. | | l | ment covers period /01/2022 | 1 | CALIFOR FORM | NIA 460 | | |
| EE INSTRUCTIONS ON REVERSE | | | | through | 12/31/2022 | | Page | of | | |
| AME OF FILER Parris for College Board 2020 | | | | | | | I.D. NUMBER 1431132 | 1 | | |
| 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 | | IMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE | | |
| | □ IND | | LENDER | | | | ENDAR YEAR | | | |
| | □OTH □PTY □SCC | | , DATE | | | PE (IF | R ELECTION REQUIRED) | | | |
| □IND | | ☐IND ☐COM | | | | CAL | ENDAR YEAR | | | |
| | □ OTH □ PTY □ SCC | □OTH □PTY | □OTH □PTY | | DATE | | | PE (IF | R ELECTION REQUIRED) | |
| | □IND | | LENDER | | | S | ENDAR YEAR | | | |
| | □сом □отн | | DATE | | | PER ELECTION (IF REQUIRED) | | | | |
| | □ PTY □ SCC | | | | | \$ | | | | |
| | □IND □COM | • | LENDER | | | CAL \$ | ENDAR YEAR | | | |
| | □OTH □PTY □SCC | | DATE | | | PE (IF | R ELECTION REQUIRED) | | | |
| | | | SUE | BTOTAL | \$ | \$- Su | Enter on mmary Page, ine 17 only. | | | |

| Schedule C | | Amounts may be rounded | | | | | | SCHEDULE C | | |
|----------------------------|--|--------------------------------------|---|-----------------------------|--------|---------------------------------|---------|-------------------------------------|---|--|
| | etary Contributions Received | to whole dollars. | | | | Statement covers | period | CALIFORNIA 160 | | |
| | - | | | | fron | n <u>07/01/2022</u> | | FO | RM TOU | |
| SEE INSTRUCTI | ONS ON REVERSE | | | | thro | ough | | Page 8 | of | |
| NAME OF FILER | | | | | | | | I.D. NUME | BER | |
| Parris for Co | llege Board 2020 | | | | | | | 1431132 | 2 | |
| 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) | DESCRIPTION GOODS OR SER | | AMOUNT/ FAIR MARKET VALUE | CALENDA | TIVE TO TE AR YEAR DEC 31) | 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 | | | | | | | | |
| Attach addi | tional information on appropriately labeled | continuation | sheets. | SUBT | OTAL | \$ | | | | |
| Schedule | C Summary | | | | | | | ntributor Cod | | |
| 1. Amount re (Include a | eceived this period – itemized nonmonetar all Schedule C subtotals.) | y contributior | ns. | | \$_ | | _ COM | (other th | nt Committee an PTY or SCC) | |
| 2. Amount r | eceived this period – unitemized nonmone | tary contribut | ions of less than \$100 | | \$_ | | PTY | - Political F | g., business entity) Party entributor Committee | |
| 3. Total non (Add Line | monetary contributions received this periods s 1 and 2. Enter here and on the Summar | d. y Page, Colu | mn A, Lines 4 and 10.) | ТОТ/ | AL \$_ | | _ | | · | |

Amounts may be rounded

| Supportin | D of Expenditures ng/Opposing Other es, Measures and Committees | Amounts may be r to whole dolla | | Statement cover from <u>07/01/2022</u> | CALIFORNIA 460 | | |
|---------------------------------|---|------------------------------------|------------------------------|---|-----------------------------------|----------------------|--|
| SEE INSTRUCTION | ONS ON REVERSE | | | through 12/31/202 | 2 | Page | of |
| NAME OF FILER Parris for Col | lege Board 2020 | | | | | 1.D. NUMB 1431132 | |
| 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 | CUMULATIV CALENDA (JAN. 1 - | AR YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| | | Monetary Contribution | | | | | |
| | | Nonmonetary Contribution | | | | i | |
| | ☐ Support · ☐ Oppose | Independent Expenditure | | | | | |
| | | Monetary Contribution | | | | | |
| | | Nonmonetary Contribution | | | | | |
| | Support Dppose | Independent Expenditure | | | | | |
| | | Monetary Contribution | | | | | |
| | | Nonmonetary Contribution | | | | | |
| | Support Dppose | Independent Expenditure | | | | | |
| | -, | | SUBTOTAL | \$ | | | |
| | D Summary contributions and independent expenditures made | e this period (Include | all Schedule D subtotals | , | | \$ | |
| | ed contributions and independent expenditures made | | | | | | |

| Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees NAME OF FILER Parris for College Board 2020 | | Amounts may be r to whole dolla | ounded irs. | SCHEDULE | | | |
|--|---|------------------------------------|------------------------------|--------------------|-----------------------------------|---------|--|
| Parris for Coll | rege Board 2020 | | | | | 143113 | .2 |
| 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 | CUMULATIV CALENDA (JAN. 1 - | AR YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| | | Monetary Contribution | | | | | |
| | | Nonmonetary Contribution | | | | | |
| | ☐ Support ☐ Oppose | Independent Expenditure | | | | | |
| | | Monetary Contribution | | | | | |
| | | Nonmonetary Contribution | | | | | |
| | Support Dppose | Independent Expenditure | | i | | | |
| | | Monetary Contribution | | | | | |
| | | Nonmonetary Contribution | | | | | |
| | Support Dppose | Independent Expenditure | | | | | |
| | | Monetary Contribution | | | | | |
| | | Nonmonetary Contribution | | | | | |
| | ☐ Support ☐ Oppose | Independent Expenditure | | | | | |
| | <u> </u> | <u> </u> | SUBTOTAL | . \$ | | | |

| Schedule E Payments Made | Amounts may to whole d | | Statement covers period from 07/01/2022 | CALIFORNIA 460 |
|--|--|---|---|---|
| SEE INSTRUCTIONS ON REVERSE | | | through <u>12/31/2022</u> | Page of |
| NAME OF FILER Parris for College Board 2020 | | | | 1.D. NUMBER 1431132 |
| 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 cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, del | mmunications Id appearances ses ulating s | Otherwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production raccondidate travel, lodging, and raccondidate travel, lodging, and raccondidate travel, lodging, and raccondidate travel, lodging, and raccondidate travel, lodging, and lodging, | duction costs and meals and meals s of the same 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 b | e summarized on Sch | edule D. | SU | JBTOTAL\$ |
| Schedule E Summary | | | | |
| 1. Itemized payments made this period. (Include all Schedul | e E subtotals.) | | | \$ |
| 2. Unitemized payments made this period of under \$100 | | | | \$ |
| 3. Total interest paid this period on loans. (Enter amount from | | | | |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. | Enter here and or | the Summary Page, Colu | mn A, Line 6.) TC | OTAL \$ |

| Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Parris for College Board 2020 | Amounts may be rounded to whole dollars. Statement covers period 07/01/2022 from through 12/31/2022 | | | | SCHEDULE E (CONTROL CONTROL CO |
|---|--|--|------------------------|---|--|
| CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member MTG meetings OFC office ex PET petition of PHO phone bate POL polling an POS postage, | communications and appearance benses irculating inks d survey researe delivery and met nal services (leg | ch ssenger services | RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and procured trace candidate travel, lodging, at Staff/spouse travel, lodging, TSF transfer between committee voter registration information technology cost | n costs duction costs nd meals , and meals es of the same candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE | OR DES | SCRIPTION OF PAYMENT | AMOUNT PAID |
| California Bank & Trust Lancaster, CA 93534-2303 | | PRO | Paper statement | Fees . | \$15.00 |
| Integrated Solutions: Political San Diego CA 921164 | - | OFC | | | \$179.99 |
| | | | | | |
| | | | | | |

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

| Schedule F Accrued Expenses (Unpaid Bills) | Amounts may be round to whole dollars. | ded | Statement cove | ers period C | ALIFORNIA 460 FORM | |
|---|--|--|--|--|--|--|
| SEE INSTRUCTIONS ON REVERSE | | | through 12/31/20 | 022 | Page 13 of 17 | |
| NAME OF FILER Parris for College board 2020 | | | | 1 | D. NUMBER 1431132 | |
| CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings | MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO PRT print ads | nces nces earch nessenger services | RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra | nd production costs butions kers' salaries time and productior el, lodging, and mea avel, lodging, and me en committees of the on | n costs als neals ne same 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 PAIL THIS PERIOD (ALSO REPORT ON | BALANCE AT CLOSE | |
| | | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | | | |
| | | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS | \$ | \$ | \$ | \$ | |
| Schedule F Summary 1. Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized | Schedule F, Column (b) su di accrued expenses under s | btotals for \$100.) | INCU | RRED TOTAL | S \$ | |
| Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized | nedule F, Column (c) subto I payments on accrued exp | tals for payments on enses under \$100.). | | PAID TOTAL | S \$ | |
| Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.) | nter the difference here and | d | | NE | T \$May be a negative number | |
| | | | | | FPPC Form 460 (Jan/2016) | |

| Schedule F | Amounts may be rounded | |
|--|------------------------|-------------------|
| (Continuation Sheet) Accrued Expenses (Unpaid Bills) | to whole dollars. | Statement 67/01/2 |
| Accided Expenses (Onpaid Dills) | | through _12/3 |
| NAME OF FILER | | |

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

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions 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 FIL candidate filing/ballot fees PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads

Parris for College Board 2020

| 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 INCÚRRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|--|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | , | | | | |
| | SUBTOTALS | \$ | \$ | \$ | \$ |

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

| | | | rounded lars. | ſ | Statement covers period from 07/01/2022 | | CALIFORNIA 460 | |
|---|---|---|------------------|--|--|--|----------------|--|
| OFF INSTRUCTIONS ON PENTING | | | | 1 | hrough 12/31/2022 | Page _15 | of | |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER Parris for College Board 2020 | | | | | | 1.D. NUMBER 1431132 | | |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR | | | | | | | | |
| CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB 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 * Payments that are contributions or independent expenditures must also be | MBR member co MTG meetings a OFC office expe PET petition circ PHO phone band POL polling and POS postage, de PRO professions PRT print ads * | mmunication appearance sullating cs survey-reselivery and al services (| ons unces | RA RF SA TE TR TR TR S TS VC | radio airtime and production returned contributions L. campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, an staff/spouse travel, lodging, transfer between committees | costs luction costs d meals and meals s of the same of | | |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE | OR | DESCRIP | TION OF PAYMENT | | AMOUNT PAID | |
| | , | , | | | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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.

| Schedule H Loans Made to Others* | | | mounts may be rounded to whole dollars. Statement coverage from 07/01/202 | | | CALIFORN | | 11A 460 | |
|--|---|---|--|---|----------------|--------------------------------------|--------------------------------------|---------------------------------------|--|
| SEE INSTRUCTIONS ON REVERSE | | | | Ì | through | 022 | Page 16 | of <u>17</u> | |
| NAME OF FILER | | | | | | | I.D. NUMBER | | |
| Parris for College Board 2020 | | | | | | | 1431132 | | |
| 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 O FORGIVENES THIS PERIOD | S BALANCE AI | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE | |
| | | | | PAID S FORGIVEN | s | % RATE | s | CALENDAR YEAR \$ PER ELECTION** | |
| | | \$ | \$ | \$ | DATE DUE | \$ | DATE INCURRED | \$ | |
| | | | | PAID \$ FORGIVEN | \$ | % RATE | s | CALENDAR YEAR \$ PER ELECTION** | |
| | | \$ | \$ | s | DATE DUE | \$ | DATE INCURRED | \$ | |
| *Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E. | | SUBTOTALS | \$ | \$ | \$ | \$ | | | |
| | | | | | | (Enter (e) on Schedule I, Line 3) | | | |
| Schedule H Summary | | | | | | | | | |
| (Total Column (b) plus unitemized loans | | | | | | | | **If Required | |
| Payments received on loans | nents of less than \$100.) 2 from Line 1.) | | | | | | | | |

(May be a negative number)

| Schedule I | | Amounts may be | rounded | SCHEDULE | | | |
|---------------------------------------|--|----------------|---------|-------------------------|--------------------------------|--|--|
| | ncreases to Cash | to whole doll | | Statement covers period | CALIFORNIA 160 | | |
| • | | | | from <u>07/01/2022</u> | FORM 400 | | |
| CEE INSTRUCTIONS ON BEI | | | | through 12/31/2022 | Page of | | |
| SEE INSTRUCTIONS ON RE' NAME OF FILER | VERSE | | | | I.D. NUMBER | | |
| Parris for College Board | 1 2020 | | | ` | 1431132 | | |
| DATE | FULL NAME AND ADDRESS OF SOURCE | | DES | CRIPTION OF RECEIPT | AMOUNT OF | | |
| RECEIVED | (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | ,=== | | INCREASE TO CASH | | |
| | | | | | | | |
| | | | | | | | |
| | | | - | | | | |
| | ~ | | | | | | |
| | | | | * | | | |
| | | | ł | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | ·* | | | |
| | | | | | | | |
| ļ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | • | | | | | | |
| Attach additional info | ormation on appropriately labeled continuation sheets. | | | SUBTOTA | | | |
| Schedule I Summ | nary | | / | | | | |
| | to cash this period, | , | | \$ | | | |
| 2. Unitemized increase | es to cash of under \$100 this period | | | \$ | _ | | |
| 3. Total of all interest r | received this period on loans made to others. (Scheo | dule H, Column | (e).) | \$ | _ | | |
| | s increases to cash this period. (Add Lines 1, 2, and | | | | | | |
| Summary Page, Lin | ne 14.) | | | TOTAL \$ | FPPC Form 460 (Jan/2016)) | | |
| | | | | FPPC Advice: ad | ice@fppc.ca.gov (866/275-3772) | | |

www.fppc.ca.gov