			4		5124	
Statement of (Recipient Con	_		Termination See Parts. PH	Date Stamp	ALICODALIA	110
Statement Type	☐ Initial	☐ Amendment ☑	Termination – See Part 5		For Official Use Or	
	O Not yet qualified	,	PAILED ! PAI	2: 33	02644	0
	O Date qualification threshold met	1	Date of termination	ARCE	02644 C11032	
			Date of termination O1 30 2024 PAGN FIR	31/240	C11032	
1. Committee l	nformation I.D. Numbe	410219	2. Treasurer and Other Prin			
NAME OF COMMITTEE	1 00000 \$6.000\$ 1 1000		NAME OF TREASURER			
Sharlene Duzic	k for SUSD Board Trustee 2	2022	Sharlene Duzick			
			STREET ADDRESS (NO P.O. BOX)	сіту Santa Cla ri ta	STATE CA	ZIP CODE 91351
,			EMAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE/F	
STREET ADDRESS (NO P.C	D. BOX)		sharleneduzick@gmail.com		661	110112
			NAME OF ASSISTANT TREASURER, IF ANY	···		
CITY	STATE	ZIP CODE AREA CODE/PHONE	7			
Santa Clarita	CA	91351 661	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
FULL MAILING ADDRESS	(IF DIFFERENT)					
			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/	PHONE
E-MAIL ADDRESS OF COM	MMITTEE (REQUIRED) / FAX (OPTIONAL)					
COUNTY OF DOMICILE	JURISDICTION WHERE	COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
COOKITOP DOMICIES	JONISDICTION WILELE	NAME OF THE PARTY	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	7ID CODE
			STREET ADDRESS (NO P.O. BOX)	СІТУ	STATE	ZIP CODE
			EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (R	EQUIRED)	AREA CODE/I	PHONE
Attach additional i	information on appropriately lab	eled continuation sheets.				
3. Verification						
	sonable diligence in preparing th under the laws of the State of Ca		ie information containe	ed herein is true and con	nplete. I certify und	er
Executed on 1/31/	2024 By		ISTANT TREASURER	···	-	
Executed on	DATE By	SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONE	ENT	-	
Executed on	By	SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONE	ENT	-	
Executed on	By		FFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONI			
	DATE	SIGNATURE OF CONTROLLING OF	Friceholder, Candidate, OR State MEASURE PROPUNI	ENT	EDDC E 410 /O	

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page		RECEIVED BY COUNTY	FORW
#.	Statement covers period from 07/01/2023	Date of election if applicable ELES 00011 (Month, Day, Year) PM 2: 32	Page 1 of 17 For Official Use Only 020440
SEE INSTRUCTIONS ON REVERSE	through 12/31/2023	11/08/2022 ZUZHTEP CAMI AIGN FINANCE	C 11032
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Office holder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarterly Statement Special Odd-Year Report
	NUMBER 10219	Treasurer(s)	·
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Sharlene Duzick for SUSD Trustee 2022		NAME OF TREASURER Sharlene Duzick MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY STATE	ZIP CODE AREA CODE/PHONE
,		Sant Santa Clarita CA	91351 661
Santa Clarita CA 9135	1	NAME OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
sharleneduzick@gmail.com			
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of		erein and in the attache	ed schedules is true and complete.
Executed on 01/30/24	Ву	asurer	
Executed onDate	By Signature of Con	trolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of	f Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on -

Executed on -

FPPC Form 460 (Jan/2016))

COVER PAGE

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

Sharlene Duzick OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Saugus Union Board Trustee Area 5 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Santa Clarita CA 91351 Related Committees Not Included in this Statement: List any committees		NAME OF BALLOT MEASURE BALLOT NO. OR LETTER Identify the controlling officer NAME OF OFFICEHOLDER, CAN		ate measure propo	SUPPORT OPPOSE onent, if any.
Saugus Union Board Trustee Area 5 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Santa Clarita CA 91351		Identify the controlling office	holder, candidate, or st	ate measure propo	OPPOSE
Saugus Union Board Trustee Area 5 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Santa Clarita CA 91351		Identify the controlling office	holder, candidate, or st	ate measure propo	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Santa Clarita CA 91351				ate measure propo	
Santa Clarita CA 91351					onent, if any.
Palated Committees Not Included in this Statement: Listers and the statement of the stateme		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPONEN	Т	
Palated Committees Not Included in this Statement: 15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO.	FANY
COMMITTEE NAME I.D. NUMBER					
	_				
NAME OF TREASURER CONTROLLED COMMITTEE?	7.	 Primarily Formed Candi officeholder(s) or candidate(s) i 	idate/Officeholder for which this committee	Committee Lis is primarily formed	t names of d.
YES NO			Lorrior Lorrior	SUBJET OF USE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
IAME OF TREASURER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					L OFFOSE
				,	
STATE ZIP CODE AREA CODE/PHONE		Attac	ch continuation sheets	if necessary	

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460	_
Page 2 of 17	_]

Officeholder or Candidate Controlled Comm	ittee			6.	. Pri	imarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NA	ME OF BALLOT MEASURE				
Sharlene Duzick										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER I	F APPLICA	ABLE)		BAI	LLOT NO. OR LETTER	JURISDICTIO	ON	$\neg \neg$	SUPPORT
Saugus Union Board Trustee Area 5										OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Santa Clarita	STATE	ZIP 91351		lde	ntify the controlling office	nolder, candid	date, or state	measure pro	pponent, if any.
					NA	ME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this Stanot Included in this statement that are controlled by you o contributions or make expenditures on behalf of your cand	r are primarily f				OF	FICE SOUGHT OR HELD			DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER				_	,				
NAME OF TREASURER	CONTROLLE	D COMMI.		7.	offi	imarily Formed Candi ceholder(s) or candidate(s) t	for which this	committee is p	primarily form	ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				IAN	ME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
			DE/PHONE		NAI	ME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NA	ME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLE YES BOX)				NA	ME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HEL	D SUPPORT ☐ OPPOSE
CITY STATE ZIP (CODE A	AREA COD	DE/PHONE	,		Attac	h continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER Sharlene Duzick for SUSD Board Trustee 2022			1.D. NUMBER 410219
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 General Elections
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	\$	\$ 7250 \$ 7250 \$ 7250	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made		\$ <u>7250</u> \$ 7250	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made*
9. Accrued Expenses (Unpaid Bills)		\$ 7250	(If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	253.35	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2010
			FPPC Advice: advice@fppc.ca.gov (866/275-377

Schedule A			ts may be rounded				SCHEDULE /
	Contributions Received	to	whole dollars.	Statement cov from <u>07/01/2023</u>	•		ORNIA 460
SEE INSTRUCTION	S ON REVERSE			through 12/31/20)24	Page.	4 of
NAME OF FILER	x for SUSD Board Trustee 2022					I.D. NU 410219	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	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 EAR	PER ELECTION TO DATE (IF REQUIRED)
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OTH	UF BUSINESS)	FERIOD	(JAN. 1-DEC	31)	(IF REQUIRED)
		□IND □COM □OTH □PTY □SCC	-				
		IND COM OTH PTY SCC		٠.			
		□IND □COM □OTH □PTY □SCC	-				
-		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL S	,			
(Include all §	eived this period – itemized monetary contribution Schedule A subtotals.)				IND - COM OTH - PTY -	other t) Other (6 – Political –	al ent Committee than PTY or SCC) e.g., business entity)
	ary contributions received this period. and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)TOTAL \$		PPC Advice: advic		C Form 460 (Jan/2016)) ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o	be rounded dollars.	Statement cov from <u>07/01/2023</u>		schedule a (cont.) CALIFORNIA 460 FORM		
				through <u>12/31/20</u>	23	Page _		
Sharlene Duzio	ck for SUSD Board Trustee 2022					1.D. NU 41021		
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 - DE	YEAR	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 A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o	be rounded dollars.	Statement cov from <u>07/01/2023</u> through <u>12/31/20</u>		CALIFORNIA 46 FORM Page 5 of 17		
NAME OF FILER Sharlene Duzio	ck for SUSD Board Trustee 2022		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			1.D. NU 41021	JMBER	
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 DATE CALENDAR YEAR (JAN. 1 - 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						
		□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

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Schedule B – Part 1 Loans Received	Ame	ounts may be roo to whole dollars			Statement coverage from 07/01/2023	•	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/20</u>)23	Page 6	of_17	
NAME OF FILER Sharlene Duzick for SUSD Board Trustee							410219		
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 PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
		-		PAID \$	\$	% RATE	\$	\$PER ELECTION**	
TOTH PTY SCC		\$	\$	\$ PAID \$ FORGIVEN	DATE DUE	RATE	DATE INCURRED	\$ CALENDAR YEAR \$ PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	\$ PAID \$	DATE DUE	\$%	DATE INCURRED	\$SAR	
TO IND COM OTH PTY SCC		s	\$	FORGIVEN	DATE DUE	* \$	DATE INCURRED	PER ELECTION***	
Schedule B Summary		UBTOTALS \$	 =			(Enter (e) on Sch	edule E, Line 3)		
 Loans received this period	s of less than \$100.) 00 paid or forgiven.) t are also itemized on Scheo 2 from Line 1.)	dule A.)		\$			†Contributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Part SCC – Small Contri	ommittee PTY or SCC) business entity)	

*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

Schedule B – Part 2 Loan Guarantors		to whole dollars.		Statement covers from 07/01/2023	s period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through12/31/2023	3	Page 7	of	
NAME OF FILER Sharlene Duzick for SUSD Board Trustee 2022						I.D. NUMBER 410219	8	
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	AMOU GUARAN THIS PEI	TEED C	UMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	□IND □COM		LENDER		CA \$.	ALENDAR YEAR		
	□OTH □PTY □SCC		DATE		P (1	ER ELECTION IF REQUIRED)	·	
	□IND □COM		LENDER		CA	LENDAR YEAR		
	OTH PTY SCC		DATE		P1 (I	ER ELECTION F REQUIRED)		
	□IND		LENDER		CA	LENDAR YEAR		
	□COM □OTH □PTY □SCC		DATE		\$ _ P! (i	ER ELECTION F REQUIRED)		
	□IND		LENDER		CA	LENDAR YEAR	<u> </u>	
	□COM □OTH □PTY		DATE		\$ _ PI (I)	ER ELECTION F REQUIRED)		
	□scc				\$ <u>_</u>			

Enter on Summary Page, Line 17 only.

SUBTOTAL \$

SCHEDULE B - PART 2

Scheaule	C		to whole dollars.						SCHEDULE
Nonmonetary Contributions Received			to whole donars.			Statement covers p 07/01/2023	period	CALIF	ORNIA 460
SEE INSTRUCTIO	ONS ON REVERSE				thro	ough 12/31/2023		Page 8	of
NAME OF FILER					-			I.D. NUMI	BER
Sharlene Duzio	ck for SUSD Board Trustee 2023							410219	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALENDA	ATIVE TO ATE 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 additi	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	3			
Amount re (Include al Amount re	C Summary ceived this period – itemized nonmonetar l Schedule C subtotals.) ceived this period – unitemized nonmone nonetary contributions received this period	tary contribut					IND COM	other th I – Other (e. I – Political I	nt Committee an PTY or SCC) g., business entity)
(Add Lines	1 and 2. Enter here and on the Summar	y Page, Colur	mn A, Lines 4 and 10.)	TO TA	\L\$ _		_		

Schedule D SCHEDULE D **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. Supporting/Opposing Other 07/01/2023 **FORM** from. Candidates, Measures and Committees through 12/31/2024 Page SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 410219 Sharlene For SUSD Board Trustee 2022 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION **AMOUNT THIS** MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR TO DATE DATE **PERIOD** (IF REQUIRED) (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ■ Monetary Contribution ■ Nonmonetary Contribution independent ☐ Support □ Oppose Expenditure ■ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support Oppose Expenditure ■ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support Oppose Expenditure SUBTOTAL \$ **Schedule D Summary** 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)......\$_____\$

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA** from ____07/01/2023 Supporting/Opposing Other **FORM** Candidates, Measures and Committees through 12/31/2023 NAME OF FILER I.D. NUMBER Sharlene Duzick for SUSD Board Trustee 2022 040219 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION AMOUNT THIS DESCRIPTION DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR TO DATE **PERIOD** (IF REQUIRED) OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary Contribution Nonmonetary Contribution independent ☐ Support □ Oppose Expenditure ■ Monetary Contribution ■ Nonmonetary Contribution Independent ■ Support □ Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure

SUBTOTAL \$

Schedule E	Amounts may b	e rounded		SCHEDULI			
Payments Made	to whole de			Statement covers period		FORNIA 460	
i dymonio mado				from 07/01/2023	_ FC	ORM TOU	
SEE INSTRUCTIONS ON REVERSE				through 12/31/2023	- Page		
Sharlene Duzick for SUSD Board Trustee 2022					1.D. NUI		
Sharlene Duzick for SUSD Board Trustee 2022				· · · · · · · · · · · · · · · · · · ·	41021		
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants 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 com MTG meetings and OFC office expens petition circul PHO phone banks POL polling and si postage, deli PRO print ads	munications d appearances ses ating urvey research very and mes	s h senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarier t.v. or cable airtime and proceed TRC candidate travel, lodging, staff/spouse travel, lodging, transfer between committee VOT voter registration information technology cost	on costs s oduction costs and meals g, and meals ees of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR D	DESCRIPTION OF PAYMENT		AMOUNT PAID	
40th ADRCC-FPPC # 830272		MBR	Left over funds	for marketing		239.90	
Santa Clarita CA 91380							
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		s	SUBTOTAL S	\$	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)			•••••	\$_ ²	239.90	
2. Unitemized payments made this period of under \$100						3.45	
3. Total interest paid this period on loans. (Enter amount from							
4. Total payments made this period. (Add Lines 1, 2, and 3.						253.35	

Schedule E			SCHEDULE E (CONT			
Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 67/01/2023 from	california 460			
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2024</u>	Page of			
IAME OF FILER			I.D. NUMBER			
Sharlene Duzick for SUSD Board Trustee 2022		·	410219			
CODES: If one of the following codes accurately describ	pes the payment, you may enter the code	. Otherwise, describe the payment				
campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* cvc civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense LT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and protect candidate travel, lodging, a TRS staff/spouse travel, lodging, a TSF transfer between committe VOT voter registration WEB information technology cos	s oduction costs and meals I, and meals es of the same candidate/sponsor			

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		\downarrow		
		+		
		+		
		+		·
•				

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be round to whole dollars.	Statement cover from 07/01/2023 through 12/31/20		CALIFORNIA A FORM Page 13 of LD. NUMBER				
Sharlene Duzick for SUSD Board Trustee 2022					410219			
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 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 at RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse transfer betwee VOT voter registratie	nd production cos butions ters' salaries time and production el, lodging, and mo evel, lodging, and en committees of	ion costs leals meals the same candi	date/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 PA THIS PERIC (ALSO REPORT C	DD BALA	(d) JTSTANDING INCE AT CLOSE THIS PERIOD		

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	
doctated expenses of the of more, plan total announced expenses are a fine of the original announced expenses are a fine of the original announced expenses and the original announced expenses are a fine or the original announced expenses and the original announced expenses are a fine or the original announced expenses are a fine or the original announced expenses and the original announced expenses are a fine or the original announced expenses are a fine or the original announced expenses and the original announced expenses are a fine or the original announced expenses are a fine original announced expenses and a fine original announced expenses are a f	

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

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2023	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2023</u>	Page 15 of 17
NAME OF FILER Sharlene For SUSD Board Trustee 2022			I.D. NUMBER 410219
NAME OF AGENT OR INDEPENDENT CONTRACTOR			1

COL	DES: If one of the following codes accurately describes	s the	payment, you may enter the code.	Otherwise	, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
· · · · · · · · · · · · · · · · · · ·	 	-		
	<u></u>			

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
Schedule H			ay be rounded	Γ	Statement covers period CALIFOR			11A 460
Loans Made to Others*	to whole dollars. from 07/01/2023			FORM TOU				
				[10/21/00	202		
SEE INSTRUCTIONS ON REVERSE					through12/31/20	323	Page <u>16</u>	of_ <u>17</u>
NAME OF FILER				·····			I.D. NUMBER	
Sharlene For SUSD Board Trustee 2022							410219	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) OUTSTANDING	(e)	(f)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT LOANED THIS	REPAYMENT C FORGIVENES	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF	LOANS
(IF COMMITTEE, ALSO ENTER I.D. NOMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD	112021122	LOAN	TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$,	DATE DUE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
			Ì		œ.	. 04	•	
				7	*	RATE	3	***
		1	[FORGIVEN	1			PER ELECTION
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of	or committee must	<u> </u>						
also be summarized on Schedule D. Loans forgiver reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$		
				<u> </u>		(Enter (e) on		
						Schedule I, Line 3)		
Schedule H Summary								
1. Loans made this period					\$			****
(Total Column (b) plus unitemized loans					•			**If Required
Payments received on loans (Total Column (c) plus unitemized paym		······································	•••••	•••••				
3. Net change this period. (Subtract Line 2	2 from Line 1.)				NET \$			
(Enter the net here and on the Summar								

(May be a negative number)

Schedule I		Amounts may be round	had	SCHEDULE			
Miscellaneous Inc	creases to Cash	to whole dollars.		Statement covers period	CALIFORNIA 460		
			ſ	rom <u>07/01/2023</u>	FORM TOO		
				hrough 12/31/2023	Page 17 of 17		
SEE INSTRUCTIONS ON REVE NAME OF FILER	ERSE				I.D. NUMBER		
Sharlene Duzick for SUSI	D Board Trustee 2022				410219		
DATE	FULL NAME AND ADDRESS OF SOURCE	=	DESCRI	PTION OF RECEIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			- HON OF RECEIF !	INCREASE TO CASH		
					- 		
				····			
Attach additional infor	mation on appropriately labeled continuation shee	ets.		SUBTOTA	L\$		
Schedule I Summa	ary	- = == ============================					
1. Itemized increases to	o cash this period			\$	_		
2. Unitemized increases	s to cash of under \$100 this period			\$	_		
3. Total of all interest re	eceived this period on loans made to others.	(Schedule H, Column (e).)		\$			
	increases to cash this period. (Add Lines 1,						
Summary Page, Line	9 14.)			TOTAL \$	FPPC Form 460 (Jan/2016)		
				FPPC Advice: ad	vice@fppc.ca.gov (866/275-3772)		

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