Recipient Committee
Campaign Statement
Cover Page

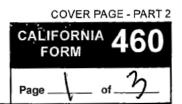
Campaign Statement Cover Page			- Date Stamp	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	LOS AN 2024 JAN CAMBA	Page 1 of 2 For Official Use Only 02/362
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terr Amendment (Explain belo	Qu Spi	arterly Statement ecial Odd-Year Report
3 Committee Intormation	NUMBER 147294	Treasurer(s) NAME OF TREASURER Anna Griese MAILING ADDRESS	STATE ZIP	CODE AREA CODE/PHONE
Valencia CA 91354 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP COD	(661) 309-2545	Valencia NAME OF ASSISTANT TREASURER MAILING ADDRESS CITY	STATE ZIP ((661) 309-2545 CODE AREA CODE/PHONE
Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control of the State of	-	OPTIONAL: FAX / E-MAIL ADDRES		chedules is true and complete. I

Executed on 12/13/23	
Date	nature of Treasurer or Assistant Treasurer
Executed on	
Date	, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Dec.
Date Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent
	F F

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2



. Officeholder or Candidate Controlled Commi	ittee		6.	Primarily Formed Ballot	Measure Co	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Anna Griese							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Saugus Union School District Trustee, Area 2						OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE Valencia CA	ŽIP 9135		Identify the controlling office	nolder, candida	te, or state measure pro	pponent, if any.
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMM		7.	Primarily Formed Candi officeholder(s) or candidate(s)	idate/Officeh	nolder Committee in committee is primarily form	List names of ned.
COMMITTEE ADDRESS : STREET ADDRESS (NO P.O. B				NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP CO		DE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMI			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary							

Train (1) 1000 (1) 1000 (1) 1000 (1)

Campaign Disclosure Statement Summary Page

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$

Amounts may be rounded to whole dollars.

SUMMARY PAGE

FPPC Form 460 (Jan/2016))

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Statement covers period

	from _07/0	01/23	FORM 400		
SEE INSTRUCTIONS ON REVERSE	12/31/23	Page of			
Anna Griese for SUSD Board Trustee 2022					I.D. NUMBER 1447294
Contributions Received 1. Monetary Contributions	0.00	\$\frac{4551.46}{3236.96}\$\$ \$\frac{7800.52}{0.00}\$\$	YEAR	Running in Both th General Elections	hrough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$ 65.01 0.00 \$ 65.01 0.00 0.00 \$ 65.01	\$\frac{7301.76}{0.00}\$ \$\frac{7301.76}{0.00}\$ 0.00 \$\frac{7301.76}{7301.76}\$			Summary for State ive Expenditures Made* b Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	0.00 0.00 65.01 583.79	To calculate Colu add amounts in C A to the correspo amounts from Co of your last repor amounts in Colur be negative figure should be subtract previous period a this is the first refiled for this caler only carry over the	Column Inding Inding Inding It. Some Inn A may Ies that Icted from Imounts. If Indin India	*Amounts in this section reported in Column B.	\$may be different from amounts
Cash Equivalents and Outstanding Debts	¢ 0.00	from Lines 2, 7, a any).	and 9 (if		