

**Recipient Committee
Campaign Statement
Cover Page**

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CAMPAIGN FINANCE

CALIFORNIA 460
FORM

Page 1 of 3
 For Official Use Only

Statement covers period
 from January 1, 2021
 through June 30, 2021

Date of election if applicable:
 (Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
 - (Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
 - (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
 - (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Steven Llanusa for Claremont Board of Education

STREET ADDRESS (NO P.O. BOX)

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Claremont</u> | <u>CA</u> | <u>91711</u> | <u>909-215-1290</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Glenn Miya

MAILING ADDRESS

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Claremont</u> | <u>CA</u> | <u>91711</u> | <u>909-263-5399</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the information furnished herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

ned herein and in the attached schedules is true and complete. I

Executed on August 14, 2021
Date

Executed on ~~Aug 14, 2021~~ Sept. 4, 2021
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Steven Llanusa

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Claremont Unified School District--Governing Board Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Claremont CA 91711

Related Committees Not Included in this Statement: *List any committees 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.*

| | |
|--|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from Jan 1, 2021
through Jun 30, 2021

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions..... | Schedule A, Line 3 | \$ <u>0</u> | \$ _____ |
| 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 | \$ <u>0</u> | \$ _____ |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|----------------------|--|--|
| 6. Payments Made..... | Schedule E, Line 4 | \$ <u>0</u> | \$ _____ |
| 7. Loans Made..... | Schedule H, Line 3 | _____ | _____ |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ _____ | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 | _____ | _____ |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | _____ | _____ |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ <u>0</u> | \$ _____ |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | | |
|--|---|---------------|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 | \$ <u>NIA</u> |
| 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.

| | | |
|-----------------------------------|--------------------|----------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ _____ |
|-----------------------------------|--------------------|----------|

Cash Equivalents and Outstanding Debts

| | | |
|----------------------------|---------------------------------------|---------------|
| 18. Cash Equivalents..... | See instructions on reverse | \$ <u>NIA</u> |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above | \$ _____ |

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 carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.