		-		
Q x		•	(F)40	5123
Recipient Committee		Γ.	Date Stamp	CALIFORNIA 460
Campaign Statement Cover Page		REC	EIVED BY	FORM 400
	Statement covers period	Date of election if applicable:	ELES COUNTY	Page 1 of 4
	from 01/01/23	(Month Day Year)	19 PM12: 39	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/23	CAMPA	IGN FINANCE	C10427
1. Type of Recipient Committee: All Committees - Com	nplete 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	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored lso Complete Part 6) rimarily Formed Candidate/	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Special	ly Statement Odd-Year Report
	fficeholder Committee (so Complete Part 7)	<u> </u>		
3. Committee Information	NUMBER 374	Treasurer(s)		
Committee to Re-elect D. Downey School Board 2	Mark Morris	D. Mark Mor	ris	
STREET ANDRESS (AID BO BOV)	<u> </u>	CITY CA	STATE ZIP CODE	2)861-4916
	2) 861 -4916	NAME OF ASSISTANT TREASURER, IF AN		208 61 19 10
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX .		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
MPamie @ AOL. Com		OPTIONAL: FAX / E-MAIL ADDRESS		
Verification     I have used all reasonable diligence in preparing and reviewing	a this statement		the attached sched	ules is true and complete. I
certify under penalty of periury under the laws of the State of 0			The audoned solled	uies is true and complete.
Executed on 7/15/23	•			<del>-</del>
Executed on			nsible Officer of Sponsor	_
Executed onDate	BySi	gnature of Controlling Officeholder, Candidate, State Measu	re Proponent	_
Executed on Date	BySi	gnature of Controlling Officeholder, Candidate, State Measu	re Proponent	

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

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM
Page 7 of 4

. Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Measure Committee			
D. Mark Warris			NAME OF BALLOT MEASURE			
office sought or Held (include Location and distributed School D	ISTRICT BOARD & TO	vetee	BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT OPPOSE
DE UNE	Y 90241		Identify the controlling office			proponent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT	
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			·		
•						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	<b>Primarily Formed Cand</b>	idate/Office	eholder Committee	List names of
NAME OF TREASURER	☐ YES ☐ NO		officeholder(s) or candidate(s)	for which this	committee is primarily fo	rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
CITY STATE ZIP C	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY STATE ZIP CO	· · · · · · · · · · · · · · · · · · ·		Attac	ch continuatio	on sheets if necessary	1

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

School Board 2024	1.D. NUMBER 1379374		
through 06/30/23	Page 3 of 4		
Statement covers period from 01/01/23	CALIFORNIA 460		

SEE INSTRUCTIONS ON REVERSE NAME OF FILER immittee to Re-elect D. Mark Morris Downey Unified Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 1/1 through 6/30 7/1 to Date 0 20. Contributions 0 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures C 0 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 50.00 **Candidates** 22. Cumulative Expenditures Made\* 50. 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 50,00 **Current Cash Statement** 2,485.83 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B. 13. Cash Receipts ...... Column A, Line 3 above add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. 50,00 of your last report. Some amounts in Column A may be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ ... only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse 0 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016))

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Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA **FORM** Page 4

SEE INSTRUCTIONS ON REVERSE

Committee to Re-elect D. Mark Morris Downey United School Board 2024

1.D. NUMBER 1379374

IND independent expenditure supporting/opposing others (explain)* POS postage, deliv	munications RAD radio airtime and production costs l appearances RFD returned contributions es SAL campaign workers' salaries ating TEL t.v. or cable airtime and production costs				
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 be summarized on Schedule D. SUBTOTAL \$					
1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Par 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	t 1, Column (e).)\$				