Da al desart O a sa satura				COVER PAG
Recipient Committee Campaign Statement Cover Page	1		Date Stamp	CALIFORNIA 460
oover rage	i		RECEIVED BY	Page 1 of 7
	Statement covers period	Date of election if applicable:		13 1 -
	from September 25, 2022	(Month, Day, Year)	20124 DA 20125 AM 10:	
SEE INSTRUCTIONS ON REVERSE	through October 22, 2022	November 8,2022	C'AMPAIGN FINAN	
I. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statemen (Also file a Form 410 The Amendment (Explain the	nt Spi t Termination)	arterly Statement ecial Odd-Year Report
	D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	449999	NAME OF TREASURER		
DAN JEFFRIES FOR LA CANADA SCHOOL BOAR	D 2022	Dan Jeffries		
DAIVIELINES FOR EA CAIVADA SCITOOL BOAR	,	MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	4	CITY	STATE ZIP	CODE ÁREA CODE/PHONE
		La Canada	CA 91	011 213-399-0212
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
La Canada CA 9101	1 213-399-0212	NONE		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	×	MAILING ADDRESS		
N/A				
CITY STATE ZIP CO	AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
fax: 818-790-3736 email:danjeffries@yahoo.com			,	
. Verification		-		
I have used all reasonable diligence in preparing and reviewi	ng this statement and to the best of my	knowledge the information containe	d herein and in the attached s	chedules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing :		•	
Executed on 10/24/2022 Date	Ву	er or Assista	nt Treasurer	
Executed on	BySi	te Measure F	Proponent or Responsible Officer of Spo	nsor
Executed on:	Ву	Signature of Controlling Officeholder, Candidate,		<u> </u>

Executed on __

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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Recipient Committee Campaign Statement Cover Page — Part 2

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CALIFORNIA Z FORM		Ì)	

Page 2 of 7

Officeholder or Candidate Controlled Com	mittee			6.	Pr	imarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NA	ME OF BALLOT MEASURE				
Dan Jeffries										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER	RIFAPPLIC	CABLE)		BA	LLOT NO. OR LETTER	JURISDICTIO	ON	Г	SUPPORT
La Canada Unified School District Governing Boa	ard									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY La Canada	STATE CA	91011		lde	entify the controlling office	holder, candid	date, or state	measure prop	oonent, if any.
					NA	ME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your care	or are primarily				OF	FICE SOUGHT OR HELD			DISTRICT NO	, IF ANY
COMMITTEE NAME	I.D. NUMBE	R			_					
NAME OF TREASURER	CONTROLL	ED COMM		7.	. Pı	rimarily Formed Cand ficeholder(s) or candidate(s)	idate/Office for which this	eholder Co committee is	mmittee Li primarily forme	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C					NA	ME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		NA	ME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBE	R			NA	ME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELD	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	CONTROLL YES	ED COMM			NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	CODE	AREA CO	DE/PHONE			Attac	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from September 25, 2022	FORM 460
through October 22, 2022	Page 3 of 7
	I.D. NUMBER
	1449999

Dan Jeffries			1449999
Contributions Received 1. Monetary Contributions	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 1/1 through 6/30 7/1 to Date
Loans Received	\$\frac{0}{0}{0} \$	\$\frac{16000.00}{0}\$ \$\frac{16000.00}{0}\$	20. Contributions Received \$ \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 8 + 9 + 10	\$\frac{1072.59}{0}\$ \$\frac{1072.59}{6200.00}\$ \$\frac{6200.00}{0}\$ \$\frac{7272.59}{6200.00}\$	\$\frac{1655.72}{0}\$ \$\frac{1655.72}{6200.00}\$ \$\frac{0}{7855.72}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{15417.04}{0}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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.
19. Outstanding Debts	\$ 16000.00		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

							•	
Calcadala B. Bart 4	Am	ounts may be ro	unded	-			SCHED	ULE B - PART 1
Schedule B – Part 1		to whole dollars			Statement cove		CALIFORN	^{IA} 460
Loans Received					from September	25, 2022	FORM	700
					October	22 2022	1	7
SEE INSTRUCTIONS ON REVERSE					through October	LL, LULL	Page 4	of <u>7</u>
NAME OF FILER							I.D. NUMBER	
Dan Jeffries							1449999	
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
Dan Jeffries	Attorney, retired			PAID \$ 0	ş 1000.00	0%	s_1000.00	s 1000.00
La Canada, CA 91011		1000.00	0	☐ FORGIVEN		RATE	7/5/2022	PER ELECTION**
[†]		\$	\$	ş <u>0</u>	DATE DUE	\$ <u>0</u>	DATE INCURRED	\$ <u>1000.00</u>
Dan Jeffries	Attorney, retired			PAID \$ 0	\$ 15000.00	0%	s <u>15000.00</u>	\$ 15000.00
La Canada, CA 91011		15000.00	0	□ FORGIVEN		RATE	7/24/2022	PER ELECTION** s 15000.00
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$_ 0	DATE INCURRED	\$_13000.00
				☐ PAID				CALENDAR YEAR
				\$	\$	%	s	\$
				FORGIVEN		RATE		PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS \$	0 :	\$ 0	\$ 16000.00	\$ 0		
Schedule B Summary 1. Loans received this period				\$ <u>0</u>	· 	(Enter (e) on Schedu	⊫e E, Line 3)	

1. (Total Column (b) plus unitemized loans of less than \$100.) (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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 forgiven or paid by another party also must be reported on Schedule A. ** If required.

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Schedule E Payments Made	Amounts may b to whole do			Statement covers period from September 25, 2022	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE				through October 22, 2022	Page of _	7
NAME OF FILER					I.D. NUMBER	
Dan Jeffries					1449999	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, delii	munications d appearances ses lating urvey research	n eenger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production rRC candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees voter registration information technology costs	uction costs i meals and meals of the same candidate/	/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESC	CRIPTION OF PAYMENT	AMOUN	NT PAID
Political Data Inc		WEB	Address Informatio	on	250.00	
Norwalk, CA 90652						
United States Postal Service		POS	Form 460 Mailing		2.59	
La Crescenta-Montrose, CA 91214						
LCM News (Outlook Newspaper)		PRT	Newspaper Advert	isment	820.00	
La Canada, CA 91011						
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		su	BTOTAL \$	
Schedule E Summary						

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from September 25, 2022	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through October 22, 2022	Page 6 of 7	
NAME OF FILER			I.D. NUMBER	
Dan Jeffries			1449999	
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. Other	wise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants		RAD radio airtime and production of	osts	
CNS campaign consultants CTB contribution (explain nonmonetary)*		RFD returned contributions SAL campaign workers' salaries		
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and produc	ction costs	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and		
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and survey research POS postage, delivery and messenger services	TRS staff/spouse travel, lodging, an TSF transfer between committees of	nd meals of the same candidate/sponsor	
LEG legal defense		VOT voter registration	of the same candidate/aponsor	
LIT campaign literature and mailings	(0 ,	WEB information technology costs (i	internet, e-mail)	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 6200.00	5 0	\$ 6200.00
Printefex La Canada, CA 91011	LIT (Postcard estimate)	0	2400.00	0	2400.00
Printefex La Canada, CA 91011	LIT (Letter mailing est)	0	2900.00	0	2900.00
Printefex La Canada, CA 91011	CMP (yard signs estimate)	0	900.00	0	900.00
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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

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.)	6200.00	
2.	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	0	
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	6200.00	

May be a negative number FPPC Form 460 (Jan/2016))

Schedule I Miscellaneous Increases to Cash		Amounts may be to whole doll	rounded ars.	Statement covers period from September 25, 2022	CALIFORNIA 460
SEE INSTRUCTION NAME OF FILER	DNS ON REVERSE			through October 22, 2022	Page 7 of 7 I.D. NUMBER 1449999
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/30/2022	Citibank Burbank, VA 91502		Interest on Campa	nign Checking Account	0.13
	tional information on appropriately labeled continuation sheets.	- 2		SUBTOTAL	\$ 0.13
2. Unitemized	Summary creases to cash this period d increases to cash of under \$100 this period interest received this period on loans made to others. (Sche			\$ <u>0</u>	-
4. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)	3. Enter here a	nd on the	0.13	FPPC Form 460 (Jan/2016)

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