Recipient Committee Campaign Statement Cover Page			9/29/ Date Stamp	CALIFORNIA 460
Government Code Sections 84200-84216.5)  EEE INSTRUCTIONS ON REVERSE  Type of Recipient Committee: All Committees - Cor		Date of election if applicable: (Month, Day, Year)  06/07/2022  2. Type of Statement:    X   Preelection Statement	RECEIVED B' LOS ANGELES CO 2022 SEP 30 PM C	For Official Use Only 19038
O State Candidate Election Committee O Recall (Also Complete Part 5)  C General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored (Iso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (Iso Complete Part 7)	Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Te     Amendment (Explain be	Spector Support State	rterly Statement bial Odd-Year Report blemental Preelection ement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Megan Kerr for School Board 2022	. NUMBER .355481	Treasurer(s)  NAME OF TREASURER  Andrew Kerr  MAILING ADDRESS		
CITY STATE ZIP COLL Long Beach CA 9080' MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	7 (562) 989-3383	Long Beach NAME OF ASSISTANT TREASUR	STATE ZIP C CA 908 RER, IF ANY	
CITY STATE ZIP COI  Long Beach CA 9080'  OPTIONAL: FAX / E-MAIL ADDRESS  info@megankerr.com	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP C	ODE AREA CODE/PHONE
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to that the foregoing is t		ein and in the attached schedu	iles is true and complete. I certify
Executed on	By By		reasurer conent or Responsible Officer of Sponsor	<u> </u>
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St Signature of Controlling Officeholder, Candidate, St		EDDO 5 400 ( 1/004

FPPC Form 460 (Jan/2016)

## Recipient Committee Campaign Statement Cover Page — Part 2

	COVERF	PAGE-PART 2
CALIF FO	ORNIA RM	460
Page	2	of6

Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ballo	t Measure Committe	е	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Megan Kerr						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Board of Education Long Beach Sch. Bd. Dist	rict 1			*		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	STATE ZIP		Identify the controlling office	ceholder, candidate, or s	state measure r	proponent, if any,
L	ong Beach CA 90807		NAME OF OFFICEHOLDER, CAND			
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER					
Megan Kerr for City Council 2022	1442719					
		7.	Primarily Formed Cand	idate/Officeholder C	ommittee Li	st names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)			
Gary Crummitt  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	X YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	T_
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		,			SUPPORT OPPOSE
CITY . STATE ZIP (	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT
Long Beach CA 908	02 (562)983-0815					OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	(JA)					
CITY STATE ZIP (	CODE AREA CODE/PHONE		Attac	h continuation sheets if	necessary	

## Campaign Disclosure Statement Summary Page

SUMMARY PAG	Ε
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Summary Page	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
, ,		from07/01/2022	FORM TOO
EE INSTRUCTIONS ON REVERSE		through09/24/2022	Page3 of6
AME OF FILER			I.D. NUMBER
egan Kerr for School Board 2022			1355481

Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED 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	\$ 0.00	\$	0.00	
2. Loans Received Schedule B, Line 3	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$	0.00	20. Contributions  Received \$ \$
4. Nonmonetary Contributions	0.00		0.00	21 Expanditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$	0.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4		\$	14,955.93	Candidates
7. Loans Made Schedule H, Line 3			0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 11,073.97	\$	14,955.93	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 11,073.97	\$	14,955.93	\$
Current Cash Statement		Γ		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 17,375.95	To	calculate Column B, add	
13. Cash Receipts	0.00		nounts in Column A to the presponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	om Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	11,073.97		port. Some amounts in olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,301.98	fig	jures that should be obtained by the should	
If this is a termination statement, Line 16 must be zero.		ре	eriod amounts. If this is e first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	fo	r this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts		fro	om Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$ 0.00	"	.37.	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00			
		ı		FPPC Form 460 (Jan/
				FPPC Advice: advice@fppc.ca.gov (866/275

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

www.fppc.ca.gov

Contribution    Nonmonetary Contribution   Independent Expenditure	THIS CAL	ULATIVE TO DATE LLENDAR YEAR JAN. 1 - DEC. 31) 400.00 G26	PER ELECTION TO DATE (IF REQUIRED)
MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE  Dr. Joni Ricks Oddie for Council    Monetary Contribution   Independent Expenditure	T THIS CAI	JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
Monetary Contribution   Independent   Expenditure	400.00	400.00 G2	022 \$400.00
Contribution    Nonmonetary Contribution   Independent Expenditure			
09/22/2022 Rex Richardson for Mayor 2022    X   Monetary Contribution   Nonmonetary Contribution   Independent	9,000.00	9,000.00	
	900.00	900.00 G2	\$900.00
SUBTOTAL \$ 10	0,300.00		
Schedule D Summary  1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)		¢	10,300.00
Unitemized contributions and independent expenditures made this period of show of under \$100	•••••		0.00

-	Amounts may be rounded to whole dollars.				SCHEDULE E						
Schedule E Payments Made				fro		ont covers period			460		
SEE INSTRUCTIONS ON REVERSE				thr	ough _	09/24/2022		of	6		
NAME OF FILER Megan Kerr for School Board 2022							1.D. NUM				
CODES: If one of the following codes accurately describe  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 community meetings and OFC office expenies petition circul PHO phone banks POL polling and sepos postage, deli	munications i appearant ses ating urvey rese very and n	s ces	RAD RFD SAL TEL TRC TRS	radio return campa t.v. or candid staff/s transfe voter	be the payment.  airtime and production ed contributions aign workers' salaries cable airtime and prod date travel, lodging, and pouse travel, lodging, and pouse travel committees registration lation technology costs	luction costs d meals and meals s of the san	ne candidate/s	sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PA	YMENT		AMOUNT	PAID		
Dr. Joni Ricks Oddie for Council Long Beach, CA 90802		CTB							400.00		
LOng Beach Camerata Singers Long Beach, CA 90809		cvc				v			750.00		
Megan Kerr for City Council 2022 (ID# 1442719) Long Beach, CA 90802		TSF						9,	,000.00		
* Payments that are contributions or independent expenditures	must also be summa	arized on	Schedule D.			SU	BTOTAL\$	10	,150.00		

Schedule E Summary

0.00

Megan Kerr for School Board 2022

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

I.D. NUMBER

1355481

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations PET t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals fundraising events polling and survey research independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS IND

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)

MAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID

REX RICHARDSON FOR Mayor 2022

Long Beach, CA 90802

CTB

DESCRIPTION OF PAYMENT AMOUNT PAID

900.00

SUBTOTAL \$

900.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.