

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp 4:30 PM

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LOS ANGELES COUNTY

2022 OCT 11 PM 12:09

CAMPAIGN FINANCE

**CALIFORNIA FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

For Official Use Only

**Statement covers period**  
from 1/1/2022  
  
through 10/10/2022

**Date of election if applicable:**  
(Month, Day, Year) 2022 OCT 11 PM 12:09  
  
11/8/2022

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  
1449268

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Frank Glynn for School Board 2022

STREET ADDRESS (NO P.O. BOX)

|                   |           |              |                     |
|-------------------|-----------|--------------|---------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>El Segundo</u> | <u>CA</u> | <u>90245</u> | <u>310.322-0022</u> |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

glynn.for.esusd@gmail.com

**Treasurer(s)**

NAME OF TREASURER

Dean D. Dierks

MAILING ADDRESS

|                   |           |              |                     |
|-------------------|-----------|--------------|---------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>El Segundo</u> | <u>CA</u> | <u>90245</u> | <u>310.413.0722</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 the information certified under penalty of perjury under the laws of the State of California that the foregoing

attached schedules is true and complete. I

Executed on 10/10/2022  
Date

Executed on 10/10/2022  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
reasul

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder

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  
Frank Glynn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
School Board, El Segundo, California

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
El Segundo CA 90245

**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<br>None | I.D. NUMBER   |
| NAME OF TREASURER      | CONTROLLED COMMITTEE?<br><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?<br><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  
None

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><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<br>None | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE         | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE         | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE         | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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 1/1/2022  
through 10/10/2022

**CALIFORNIA FORM 460**  
Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Frank Glynn for School Board 2022

I.D. NUMBER  
1449268

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 400   | \$ 400                                     |
| 2. Loans Received..... Schedule B, Line 3            |  |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 400   | \$ 400                                     |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 1600   | 1600                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4  | \$ 2000  | \$ 2000                                    |

## 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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 207   | \$ 207                                     |
| 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      | \$ _____   | \$ _____                                   |

## Expenditure Limit Summary for State Candidates

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

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

## Current Cash Statement

|   |      |
|---|------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16            | \$ 0 |
| 13. Cash Receipts..... Column A, Line 3 above                             | 0    |
| 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 | \$ 0 |

*If this is a termination statement, Line 16 must be zero.*

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ \_\_\_\_\_

## Cash Equivalents and Outstanding Debts

|  |      |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>1/1/2022</u><br>through <u>10/10/2022</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page _____ of _____        |

SEE INSTRUCTIONS ON REVERSE

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Frank Glynn for School Board 2022 | I.D. NUMBER<br>1449268 |
|--|------------------------|

| DATE RECEIVED          | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/5/2022               | Diemma Foley 90245  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive<br>Palm Tree LLC  | 100                         | 100  |                                       |
| 9/28/2022              | John Vasak 90245  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive<br>Varendan   | 200                         | 200  |                                       |
| 8/28/2022              | Dickie VanBreene  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor<br>3 Leaf LLC   | 100                         | 100  |                                       |
|                        |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                        |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$ 400</b> |   |   |   |                             |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 400
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 400

\*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

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>1/1/2022</u><br>through <u>10/10/2022</u> | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____  | I.D. NUMBER<br>1449268     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Frank Glynn for School Board 2022

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE*   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 9/7/2022      | Ron Slavens 90245  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Slavens Construction  | Lawn Signs                       | 1600                      | 1600  |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 1600**

**Schedule C Summary**

|   |                      |
|---|----------------------|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(Include all Schedule C subtotals.).....                                    | \$ 1600              |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....  | \$ 0                 |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | <b>TOTAL \$ 1600</b> |

\*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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>1/1/2022</u><br>through <u>10/10/2022</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____  | I.D. NUMBER<br>1449268         |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Frank Glynn for School Board 2022

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

- |   |   |   |
|---|---|---|
| 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                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| 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)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| studio printing   | CMP     |                        | 207         |
|   |         |                        |             |
|   |         |                        |             |

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

**SUBTOTAL \$ 207**

**Schedule E Summary**

|   |                     |
|---|---------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$ 207              |
| 2. Unitemized payments made this period of under \$100.....   | \$ 0                |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....                   | \$ 0                |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | <b>TOTAL \$ 207</b> |