

**Recipient Committee  
Campaign Statement  
Cover Page**

9/29/22 ① OVER PAGE

Date Stamp: RECEIVED LOS ANGELES CA  
2022 OCT -3 PM 4:55  
CAMPAIGN FINANCE

CALIFORNIA FORM 460  
Page \_\_\_\_\_ of \_\_\_\_\_  
For Official Use Only

Statement covers period  
from 7/1/22  
through 9/24/22

Date of election if applicable:  
(Month, Day, Year)  
11/8/22

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  
1451912

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Tina Shivpuri for the Manhattan Beach Unified School Board 2022

STREET ADDRESS (NO P.O. BOX)

|                 |       |          |                 |
|-----------------|-------|----------|-----------------|
| CITY            | STATE | ZIP CODE | AREA CODE/PHONE |
| Manhattan Beach | CA    | 90266    | 310 376 0455    |

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  
Gary Wayland

MAILING ADDRESS

|               |       |          |                 |
|---------------|-------|----------|-----------------|
| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
| Hermosa Beach | CA    | 90254    | 310 376 0455    |

NAME OF ASSISTANT TREASURER, IF ANY

N/A

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 contained 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 for

Executed on SEP 27 2022 By \_\_\_\_\_

Executed on Sept 28, 2022 By  \_\_\_\_\_  
Date of Sponsor

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

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

Tina Shivpuri

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Manhattan Beach School District Board

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

Manhattan E CA 90286

**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?<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

|                      |              |   |
|----------------------|--------------|---|
| 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 | 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<br>from <u>7/1/22</u><br>through <u>9/24/22</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br>1451912         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tina Shivpuri for the Manhattan Beach Unified School Board 2022

## 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    | \$ 5095  | \$ 5095                                    |
| 2. Loans Received..... Schedule B, Line 3            | 2705   | 2705                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ _____   | \$ _____                                   |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | _____  | _____                                      |
| 5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4  | \$ 7800  | \$ 7800                                    |

## 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                   | \$ 3783  | \$ 3783                                    |
| 7. Loans Made..... Schedule H, Line 3                      | _____  | _____                                      |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 3783  | \$ 3783                                    |
| 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      | \$ 3783  | \$ 3783                                    |

## 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                             | 7800    |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4               | _____   |
| 15. Cash Payments..... Column A, Line 8 above                             | 3783    |
| 16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 4017 |

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            | \$ _____ |
| 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.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>7/1/22</u> | <b>CALIFORNIA FORM 460</b> |
| through <u>9/24/22</u>                        |                            |
| Page _____ of _____                           |                            |

SEE INSTRUCTIONS ON REVERSE

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Committee to Elect Tina Shivpuri for the Manhattan Beach Unified School Board 2022</b> | I.D. NUMBER<br><b>1451912</b> |
|--|-------------------------------|

| 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) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
|               |   | <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 |   |                             |  |                                       |
|               |   | <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 |   |                             |  |                                       |

**SUBTOTAL \$**

**Schedule A Summary**

|  |                             |
|--|-----------------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$ <u>4900</u>              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$ <u>195</u>               |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | <b>TOTAL \$</b> <u>5095</u> |

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>7/1/22</u><br>through <u>9/24/22</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page _____ of _____        |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Committee to Elect Tina Shivprui for the Manhattan Beach School Board 2022 | I.D. NUMBER<br>1451912 |
|---|------------------------|

| 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) |
|---------------|---|---|--|-----------------------------|--|---------------------------------------|
| 9/3/22        | Jen Dohner<br>Manhattan Beach CA 90266  | <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 | H/M  | 250                         | 250  |                                       |
| 9/7/22        | Barbara Luftmn<br>Palos Verdes CA 90274   | <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 | H/M  | 100                         | 100  |                                       |
| 9/12/22       | James Oh<br>Manhattan Beach CA 90266  | <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 | Sales<br>Netflix   | 1000                        | 1000   |                                       |
| 9/7/22        | Nicole Brozost<br>Manhattan Beach CA 90266  | <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 | h/m  | 100.                        | 100  |                                       |
| 9/7/22        | Lisa Koshorn<br>Manhattan Beach CA 90266  | <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 | H/M  | 100                         | 100  |                                       |

**SUBTOTAL \$ ~~1550~~ 1550**

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 IND - Individual  
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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>7/1/22</u><br>through <u>9/24/22</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page _____ of _____        |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Committee to Elect Tina Shivprui for the Manhattan Beach School Board 2022</b> | I.D. NUMBER<br><b>1451912</b> |
|--|-------------------------------|

| 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 (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|--|-----------------------------|---|------------------------------------|
| 9/8/22                  | Maria Reese<br><br>Manhattan Beach CA 90266   | <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 | H/M  | 500                         | 500   |                                    |
| 9/9/22                  | Jessica Waldman<br><br>Manhattan Beach CA 90266   | <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 | H/M  | 200                         | 200   |                                    |
| 9/10/22                 | Diana Skaar<br><br>Manhattan Beach CA 90266   | <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 | Manager<br>Google  | 100                         | 100   |                                    |
| 9/13/22                 | Laura Keily<br><br>Manhattan Beach CA 90266   | <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 | h/m  | 250                         | 250   |                                    |
| 9/14/22                 | David Liebman<br><br>Manhattan Beach CA 90266   | <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 | Recruiter<br>Pacific Executive Search  | 100                         | 100   |                                    |
| <b>SUBTOTAL \$ 1150</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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>7/1/22</u><br>through <u>9/24/22</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page _____ of _____        |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Committee to Elect Tina Shivprui for the Manhattan Beach School Board 2022 | I.D. NUMBER<br>1451912 |
|---|------------------------|

| 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) |
|------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/15/22                | Lisa Tan<br>Manhattan Beach CA 90266  | <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 | Physician<br>SPCMG  | 100                         | 100  |                                       |
| 9/17/22                | Kim Brant Lucich<br>Manhattan Beach CA 90266  | <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 | Healthcare consultant   | 100                         | 100  |                                       |
| 9/17/22                | Sandra Strrassner<br>Manhattan Beach CA 90266   | <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 | Senior Tax Counsel<br>American Honda  | 100                         | 100  |                                       |
| 9/14/22                | Maria Maloney<br>Manhattan Beach CA 90266   | <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 | HM  | 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            |   |                             |  |                                       |
| <b>SUBTOTAL \$ 400</b> |   |   |   |                             |  |                                       |

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>7/1/22</u> | <b>CALIFORNIA FORM 460</b> |
| through <u>9/24/22</u>                        |                            |
| Page _____ of _____                           |                            |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Committee to Elect Tina Shivprui for the Manhattan Beach School Board 2022 | I.D. NUMBER<br>1451912 |
|---|------------------------|

| 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) |
|------------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 9/22/22                | Sally Peel<br>Manhattan Beach CA 90266  | <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 | Retired  | 100                         | 100  |                                       |
| 9/22/22                | Neidy Portillo Tseng<br>Manhattan Beach CA 90266  | <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 | Instructor<br>Corporation for Cooperative Housing  | 200                         | 200  |                                       |
| 9/17/22                | Julia Birkel<br>Los Angeles CA 90071  | <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 | Attorney<br>Hill Farrer Burrill  | 250                         | 250  |                                       |
| 9/22/22                | Yumei Qiu<br>Manhattan Beach CA 90266   | <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 | H/M  | 100                         | 100  |                                       |
| 9/22/22                | Lana Rizika<br>Manhattan Beach CA 90266   | <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 | H/M  | 100                         | 100  |                                       |
| <b>SUBTOTAL \$ 750</b> |   |   |  |                             |  |                                       |

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 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>7/1/22</u><br>through <u>9/24/22</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page _____ of _____        |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Committee to Elect Tina Shivprui for the Manhattan Beach School Board 2022 | I.D. NUMBER<br>1451912 |
|---|------------------------|

| 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) |
|-------------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 9/22/22                 | Ellen Rosenberg<br>Manhattan Beach CA 90266   | <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 | Retired  | 500                         | 500  |                                       |
| 9/22/22                 | Erin Levin<br>Manhattan Beach CA 90266  | <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 | H/M  | 300                         | 300  |                                       |
| 9/23/22                 | Amanda Park<br>Los Angeles CA 90071   | <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 | Attorney<br>County of Los Angeles  | 250                         | 250  |                                       |
|                         |   | <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 \$ 1050</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 B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>7/1/22</u><br>through <u>9/24/22</u> | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____   |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tina Shivpuri for the Manhattan Beach Unified School Board 2022

I.D. NUMBER

1451912

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD* |   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|--|---|--|------------------------------------|---|---|--|----------------------------------|--------------------------------|---|
|  |   |  |                                    | <input type="checkbox"/> PAID<br>\$ _____   | <input type="checkbox"/> FORGIVEN<br>\$ _____ |  |                                  |                                |   |
| Tina Shivpuri<br><br>Manhattan Beach CA 90266<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | H/M   | \$ 0   | \$ 2705                            | <input type="checkbox"/> PAID<br>\$ _____   | <input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 2705<br><br>N/A                                 | _____%<br>RATE                   | \$ _____<br><br>DATE INCURRED  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____   | <input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE                           | _____%<br>RATE                   | \$ _____<br><br>DATE INCURRED  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____   | <input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE                           | _____%<br>RATE                   | \$ _____<br><br>DATE INCURRED  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b>   |   | \$ 2705  | \$                                 | \$  | \$  | \$ 2705  | \$                               |                                |   |

(Enter (e) on Schedule E, Line 3)

## Schedule B Summary

- Loans received this period ..... \$ 2705  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 2705  
Enter the net here and on the Summary Page, Column A, Line 2.

†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

(May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>7/1/22</u><br>through <u>9/24/22</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page _____ of _____        |
| I.D. NUMBER<br>1451912  |                            |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Elect Tina Shivpuri for the Manhattan Beach 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                                  | PHQ 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 |
|---|------|----|------------------------|-------------|
| Easy Reader<br>Hermosa Beach CA 90254                               | PRT  |    | Ads                    | 789         |
| LA Register Recorder<br>Norwalk CA 90650                            | FIL  |    | Fees                   | 100         |
| Amazon Online   | CMP  |    | Buttons                | 142         |

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

**SUBTOTAL \$ 1031**

**Schedule E Summary**

|  |                      |
|--|----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 3741              |
| 2. Unitemized payments made this period of under \$100   | \$ 72                |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ _____             |
| 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 \$ 3783</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>7/1/22</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>9/24/22</u>                        |                                |
| Page _____ of _____                           |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tina Shivpuri for the Manhattan Beach School Board 2022

I.D. NUMBER

1451912

**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 |
|---|------|----|------------------------|-------------|
| Just Yard Signs.com   | CMP  |    | Yard signs             | 1656        |
| Manhattan Beach Postal<br>Manhattan Beach CA 90266                  | POS  |    | Postal box rental      | 146         |
| County of Los Angeles<br>Norwalk CA 90650                           | FIL  |    | Filing fees            | 600         |
| Fed Ex<br>Manhattan Beach CA 90266                                  | OFC  |    | Copies                 | 204         |
| Fed Ex<br>Manhattan Beach CA 90266                                  | OFC  |    | Printing               | 104         |

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

**SUBTOTAL \$ 2710**