

Courtesy Copy

Statement of Organization Recipient Committee

Statement Type

Form with checkboxes for Initial, Amendment, Termination and date fields for qualification and termination.

RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE stamp and CALIFORNIA FORM 410 header.

1. Committee Information

I.D. Number (if applicable)

1444245

2. Treasurer and Other Principal Officers

Form fields for Committee Information including Name, Street Address, City, State, Zip Code, Area Code/Phone, Full Mailing Address, E-mail Address, County of Domicile, and Jurisdiction.

Form fields for Treasurer and Other Principal Officers including Name, Street Address, City, State, Zip Code, Area Code/Phone, and Name of Principal Officer(s).

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparation of this statement and certify that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Executed on lines with dates DEC 15 2022 and signature lines.

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Information contained herein is true and complete. I certify under

Signature lines for Treasurer and State Measure Proponent.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2 of 3

COMMITTEE NAME

DR. SHARIFA BATTS FOR SCHOOL BOARD 2022

I.D. NUMBER

1444245

- All committees must list the financial institution where the campaign bank account is located.

| | | | | |
|--|-----------------------------------|---------------------|-------------------|--|
| NAME OF FINANCIAL INSTITUTION California Bank & Trust | AREA CODE/PHONE (213) 228-1700 | BANK ACCOUNT NUMBER | | |
| ADDRESS | CITY Los Angeles | STATE CA | ZIP CODE 90071 | |

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY | | (list political party below) |
|--|---|------------------|-------------|----------|------------------------------|
| | | | Nonpartisan | Partisan | |
| Dr. Sharifa Batts | Long Beach Board of Education Long Beach District 1 | 2022 | X | | |
| | | | Nonpartisan | Partisan | (list political party below) |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | | |
| | | | |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| |
|--------------------------------|
| CALIFORNIA FORM 410 |
| Page 3 of 3 |
| I.D. NUMBER 1444245 |

COMMITTEE NAME
DR. SHARIFA BATTS FOR SCHOOL BOARD 2022

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

| | |
|-----------------|--|
| NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR |
| STREET ADDRESS | CITY |
| NO. AND STREET | STATE |
| | ZIP CODE |
| | AREA CODE/PHONE |

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Date Stamp
RECEIVED BY
ANGELES COUNTY
2022 DEC 27 PM 2:15
CAMPAIGN FINANCE

Page 1 of 7
For Official Use Only

Statement covers period
from 07/01/2022
through 12/15/2022

Date of election if applicable:
(Month, Day, Year)
06/07/2022

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1444245

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
DR. SHARIFA BATTS FOR SCHOOL BOARD 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA 90301 (310) 817-6679

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(310) 672-6679 / cine@politicalreportingplus.com

Treasurer(s)

NAME OF TREASURER
Cine D. Ivery

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA 90301 (310) 817-6679

NAME OF ASSISTANT TREASURER, IF ANY
Michelle Moore Sanders

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA 90301 (310) 817-6679

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and under penalty of perjury under the laws of the State of California that the foregoing

includes is true and complete. I certify

Executed on DEC 15 2022
Date
Executed on DEC 15 2022
Date
Executed on _____
Date
Executed on _____
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
Dr. Sharifa Batts
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Long Beach Board of Education Long Beach District 1
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Inglewood CA 90301

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? <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? <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 <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 <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <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 | | CALIFORNIA FORM 460 |
| from | 07/01/2022 | |
| through | 12/15/2022 | Page 3 of 7 |
| | | I.D. NUMBER 1444245 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. SHARIFA BATT'S FOR SCHOOL BOARD 2022

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 4,374.99 | \$ 32,111.61 |
| 2. Loans Received | Schedule B, Line 3 | \$ -6,899.99 | \$ 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ -2,525.00 | \$ 32,111.61 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ -2,525.00 | \$ 32,111.61 |

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|------------------------------------|----------------------|--|--|
| 6. Payments Made | Schedule E, Line 4 | \$ 527.36 | \$ 32,423.68 |
| 7. Loans Made | Schedule H, Line 3 | \$ 0.00 | \$ 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 527.36 | \$ 32,423.68 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$ 0.00 | \$ 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 527.36 | \$ 32,423.68 |

**Expenditure Limit Summary for State
Candidates**

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

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

Current Cash Statement

| | | |
|-------------------------------------|---|--------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 2,740.29 |
| 13. Cash Receipts | Column A, Line 3 above | \$ -2,525.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ 312.07 |
| 15. Cash Payments | Column A, Line 8 above | \$ 527.36 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0.00 |

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

| | | |
|------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ 0.00 |
|------------------------------|--------------------|---------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------|---------------------------------------|---------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 0.00 |

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 from <u>07/01/2022</u> through <u>12/15/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>7</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| NAME OF FILER DR. SHARIFA BATTS FOR SCHOOL BOARD 2022 | I.D. NUMBER 1444245 |
|--|------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/15/2022 | Sharifa Batts Long Beach, CA 90805 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief Executive Officer Distinguished Group Enterprises, LLC | 4,374.99 | 4,374.99 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 4,374.99

Schedule A Summary

| | | |
|---|-----------------|----------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ | 4,374.99 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ | 0.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ | 4,374.99 |

*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 from <u>07/01/2022</u> through <u>12/15/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>7</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. SHARIFA BATTS FOR SCHOOL BOARD 2022

I.D. NUMBER

1444245

| 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* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|---|--|----------------------------------|--------------------------------|--|
| Sharifa Batts Long Beach, CA 90805 | Chief Executive Officer Distinguished Group Enterprises, LLC | \$ 2,000.00 | \$ 0.00 | <input checked="" type="checkbox"/> PAID \$ 2,000.00 <input type="checkbox"/> FORGIVEN | \$ 0.00 | 0.00% RATE | \$ 2,000.00 | CALENDAR YEAR \$ 4,374.99 PER ELECTION** |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | 01/15/2023 DATE DUE | \$ 0.00 | 01/15/2022 DATE INCURRED | \$ |
| Sharifa Batts Long Beach, CA 90805 Received through intermediary: eFundraising Connections, Sacramento, CA 95816 | Chief Executive Officer Distinguished Group Enterprises, LLC | \$ 4,899.99 | \$ 0.00 | <input checked="" type="checkbox"/> PAID \$ 525.00 <input checked="" type="checkbox"/> FORGIVEN | \$ 0.00 | 0.00% RATE | \$ 4,899.99 | CALENDAR YEAR \$ 4,374.99 PER ELECTION** |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | 02/01/2023 DATE DUE | \$ 0.00 | 02/01/2022 DATE INCURRED | \$ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN | \$ | % RATE | \$ | CALENDAR YEAR \$ PER ELECTION** |
| | | \$ | \$ | \$ | DATE DUE | \$ | DATE INCURRED | \$ |
| SUBTOTALS \$ | | 0.00 | \$ 6,899.99 | \$ 0.00 | \$ 0.00 | 0.00 | | |

Schedule B Summary

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

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 6,899.99
(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 \$** -6,899.99
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.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2022 | |
| through | 12/15/2022 | Page 6 of 7 |
| NAME OF FILER | | I.D. NUMBER |
| DR. SHARIFA BATTS FOR SCHOOL BOARD 2022 | | 1444245 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. SHARIFA BATTS 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|-------------|
| Political Reporting Plus Inglewood, CA 90301 | PRO | | Political Accounting - June, 2022 | 250.00 |
| Political Reporting Plus Inglewood, CA 90301 | PRO | | Political Accounting - Termination Report & Fees | 272.36 |
| | | | | |

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

SUBTOTAL \$ 522.36

Schedule E Summary

| | | |
|--|-----------------|--------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 522.36 |
| 2. Unitemized payments made this period of under \$100 | \$ | 5.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 527.36 |

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2022
through 12/15/2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. SHARIFA BATTIS FOR SCHOOL BOARD 2022

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I.D. NUMBER

1444245

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 11/24/2022 | Political Data Inc. Long Beach, CA 90806 | Check Returned Unpaid | 312.07 |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 312.07

Schedule I Summary

| | | |
|---|-----------------|---------------|
| 1. Itemized increases to cash this period. | \$ | 312.07 |
| 2. Unitemized increases to cash of under \$100 this period. | \$ | 0.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ | 0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | <u>312.07</u> |