

**Recipient Committee
Campaign Statement
Cover Page**

A-EIR 5721
OTF = 014840

2/1/2021 OC
COVER PAGE

RECEIVED BY
LOS ANGELES COUNTY
2021 FEB -1 PM 4: 07
CAMPAIGN FINANCE

CALIFORNIA FORM **460**
Page 1 of 6
For Official Use Only
014179
C11331

Statement covers period
from 01/01/2021
through 01/25/2021

Date of election if applicable:
(Month, Day, Year)
November 3, 2020

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
1428933

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-elect Karen Morrison Norwalk-La Mirada USD School Board
2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
La Mirada	CA	90638	310/702-3589

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
Rob Martin

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
La Mirada	CA	90638	562/536-7588

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 certify under penalty of perjury under the laws of the State of California that the foregoing and in the attached schedules is true and complete. I

Executed on 01/25/2021 Date _____ By _____ Treasurer

Executed on 01/25/2021 Date _____ By _____ Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____ By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

Executed on _____ Date _____ By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Karen Morrison

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

Member, Board of Education, Norwalk-La Mirada Unified School District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
La Mirada CA 90638

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 from <u>01/01/2021</u> through <u>01/25/2021</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>6</u> I.D. NUMBER 1428933
--	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-elect Karen Morrison Norwalk-La Mirada USD School Board 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 3995.12	\$ 5950.08
2. Loans Received..... Schedule B, Line 3	-4400	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ -404.88	\$ 5950.08
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ -404.88	\$ 5950.08

**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	\$ 16.00	\$ 5950.08
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 16.00	\$ 5950.08
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 16.00	\$ 5950.08

**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	\$ 420.88
13. Cash Receipts..... Column A, Line 3 above	-404.88
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	16.00
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.

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	\$ 0
--	------

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
from 01/01/2021
through 01/25/2021

**CALIFORNIA
FORM 460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-elect Karen Morrison Norwalk-La Mirada USD School Board 2020

I.D. NUMBER

1428933

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/25/2021	Karen Morrison La Mirada, CA 90638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Member, Norwalk-La Mirada Board of Education	3995.12	3995.12	
		<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 \$ 0.00						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3995.12
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 3995.12

*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>01/01/2021</u> through <u>01/25/2021</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-elect Karen Morrison Norwalk-La Mirada USD School Board 2020

I.D. NUMBER

1428933

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
Karen Morrison La Mirada, CA 90638 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Member, Norwalk La-Mirada Board of Education	\$ 4000.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 404.88 <input checked="" type="checkbox"/> FORGIVEN \$ 3995.12	\$ 0 0 DATE DUE	0 % RATE	\$ 2000.00 DATE INCURRED	CALENDAR YEAR \$ 4400.00 PER ELECTION** \$
† <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 \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <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 \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$ 0	\$ 4400.00	\$ 0	\$ 0			

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

Schedule B Summary

- Loans received this period\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period\$ 4400.00
(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 \$ (4400.00)
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.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	01/25/2021	Page 6 of 6
NAME OF FILER		I.D. NUMBER
Committee to Re-elect Karen Morrison Norwalk-La Mirada USD School Board 2020		1428933

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 16.00
2. Unitemized payments made this period of under \$100	\$ 16.00
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.)	TOTAL \$ 16.00

R-OIL 5121 2/1/2021 OC

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	01 / 25 / 2021

RECEIVED BY
LOS ANGELES COUNTY
2021 FEB -1 PM 4: 21
CAMPAIGN FINANCE

CALIFORNIA FORM 410
For Official Use Only
014179
C11331

1. Committee Information				2. Treasurer and Other Principal Officers				
I.D. Number 1428933 <small>(if applicable)</small>				NAME OF TREASURER Rob Martin				
NAME OF COMMITTEE Committee to Re-Elect Karen Morrison Norwalk-La Mirada USD School Board 2020				STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O. BOX)				CITY La Mirada		STATE CA	ZIP CODE 90638	AREA CODE/PHONE 562/536-7588
CITY La Mirada	STATE CA	ZIP CODE 90638	AREA CODE/PHONE 310/702-3589	NAME OF ASSISTANT TREASURER, IF ANY				
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) robchristiemartin@gmail.com				CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE Los Angeles			NAME OF PRINCIPAL OFFICER(S)				
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)				
				CITY		STATE	ZIP CODE	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and 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. I certify under penalty of perjury under the laws of the State of California 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 01/25/2021 By _____
DATE

Executed on 1-25-2021 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

OR ASSISTANT TREASURER _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT _____

mv