Reci	pient (Commi	ttee
Cam	paign	Staten	nent
Cove	r Pag	e	

COVER PAGE Date Stamp

Campaign Statement Cover Page	· · · · · ·	RECEIVED BY FORM	460
	Statement covers period from 10/23/23	Date of election if applicable (Month, Day, Year) Date of election if applicable (Manth, Day, Year) Page For Official L	of
SEE INSTRUCTIONS ON REVERSE	through 12/31/22	CAMPAIGN FINANCE	
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Quarterly Statement Special Odd-Year Report	t
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	<u> </u>	
3. Committee Information	I.D. NUMBER 14/8208	Treasurer(s) Sharoni Little	
STREET ADDRESS (NO P.O. BOX) Compton (A 9022 CITY STATE ZIP (Same as above MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	O (310) 1044995 CODE AREA CODE/PHONE OX	Compton A 90220(3)D CITY STATE ZIP CODE AREA NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	DOY-19
CITY STATE ZIP O	CODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA	CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	<u>:</u>	OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State	of California that the fore	ne attached schedules is true and o	complete. I
Executed on Date	Ву.	die Officer of Sponsor	
Executed onDate	. Bys	gnature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed onDate	By \$	gnature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 4	60 (Jan/2016))

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

FORM

Page 2 of 6

Officeholder or Candidate Conf	trolled Committee		6.	Primarily Formed Ballo	t Measure (Committee		. ,
NAME OF OFFICEHOLDER OR CANDIDATE	· (+16)	۸.		NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOC	CATION AND DISTRICT	Bourd Trustee	M #	BALLOT NO. OR LETTER	JURISDICTIO	ON .	1 —	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO.	AND STREET) (ITY	1, CA 90220		Identify the controlling office			e propon	ent, if any.
Related Committees Not Includ		ent: List any committees		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P		CT NO. IF	ANIV
not included in this statement that are co contributions or make expenditures on be COMMITTEE NAME	ehalf of your candidacy			· · · · · · · · · · · · · · · · · · ·		DISTRIC	ST NO. IF	ANY
COMMITTEE NAME	1.0.	NOMBER .	-	Deimonika Formand Const	!!-!!Off:	-h-ld 0		
NAME OF TREASURER	1-1	NTROLLED COMMITTEE? YES NO	/.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is primarily	formed.	names of
	DDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME		NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET AD		NTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PHONE		Atta	ch continuatio	on sheets if necessar		
				Alla	on compatition	m anecta ii necessar	,	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

from 10/23/22

Page 3 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER ME OF FILER tooto Elect Sharoni L Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines:1 + 2 \$ Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 **Candidates** 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/vv) 10. Nonmonetary Adjustment......Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 2,550,38 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 13. Cash Receipts Column A, Line 3 above add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may 2,550.38 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents..... See instructions on reverse FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Sched	ule	В-	Part	1
Loans	Re	ceiv	ed	

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received	to whole dollars.				Statement cove	•	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through 12/31	22	Page #	of_ b _	
Committee to Elect	· Summe Lit	le Boa	ideor	L.			14 22	108	
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, ENYER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
ranne Little.	Educator, COO			s_PAID	, 180	RATE	, 780	s A SOCIO	
COM OTH OPTY SCC	75C	<u>, 780</u>	<u>. </u>	FORGIVEN	_ ² / ₂₀ / ₂₅	, 0	91818 DATE INCURRED	PER ELECTION**	
marmelille	Educator, CEO			PAID S	.230T	RATE	:820	CALENDAR YEAR	
TOTAL COM OTH OPTY SCC	15C EXEC	, 820	, 0	s FORGIVEN	DATE DUE	<u>, O</u>	9/10/18 DATE INCURRED	PER ELECTION**	
harmilitles	Edwart CIT			s_PAID	,900	₽%	,900	calendar year	
CA 90220 OTH PTY SCC	Exec	<u>, 900</u>	. O	5 FORGIVEN	DATE DUE	· -0	9/12/18 DATE INCURRED	PER ELECTION**	
	S	SUBTOTALS \$	0	\$ C	r 2,500 :	(Enter (e) on Sched	2,500	5	
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10	s of less than \$100.) 00 paid or forgiven.)				0	(TO IN	Contributor Codes ID – Individual OM – Recipient C	ommittee	
(Include loans paid by a third party tha 3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)				(May be a negative number)	P	(other than in the control of the co	ty ·	

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

chedule B - Part 1	Amounts may be round to whole dollars.

** If required.

ded

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received		Statement coverage from 10/23	rs period	CALIFORNIA 460				
SEE INSTRUCTIONS ON REVERSE					through 12/31	1/22_	Page 5	of <u>6</u>
Committee to Ele	et Sharom	wth	e boar	d 20	3		I.D. NUMBER	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Sharong Little	CBO, TSC			s_PAID	.950	RATE	<u>956-</u>	s 396
Compton on gove	,	, 950	<u>, </u>	s_forgiven	2/20/25 DATE DUE	, 2	9/1/22 DATE INCURRED	s 8,390
Sharone Little	CBO, TSC			s_PAID	,985	RATE	,985	s 8390
Compton CA 9000	, , ,	, 985	. 0	ss	2/20/25 DATE DUE	. 0	9/12/22 DATE INCURRED	PERELECTION"
Sharone little	CBO, TSC			s_PAID	,955	RATE **	,955	s SS
Compton CA 9020	,	, 955	<u>. </u>	s_Gregiven	2/2/25 DATE DUE	, 0	9/20/22 DATE INCURRED	PER ELECTION"
	s	SUBTOTALS \$	2000	0	\$ 2,890	\$ O)
Schedule B Summary					\triangle	(Enter (e) on Sched	ule E, Line 3)	
Loans received this period (Total Column (b) plus unitemized loar				\$	- -			
Loans paid or forgiven this period				\$		IN	Contributor Codes	
(Include loans paid by a third party that are also itemized on Schedule A.)					4	1		PTY or SCC)
Net change this period. (Subtract Lin Enter the net here and on the Summa		••••••	•••••	.NET \$		b.	TH – Other (e.g., I TY – Political Part	y
				((May be a negative number)	العال	CC – Small Contri	butor Committee
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.)						

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Schedule B - Part 1 Loans Received

SEE INSTRUCTIONS ON REVERSE

FULL NAME, STREET ADDRESS AND ZIP CODE

OF LENDER

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

☐ COM ☐ OTH ☐ PTY ☐ SCC

☐ COM ☐ OTH ☐ PTY ☐ SCC

[†]□ IND □ COM □ OTH □ PTY □ SCC

Schedule B Summary

NAME OF FILER

^T□ IND

Amounts may be rounded Statement covers period to whole dollars. CALIFORNIA from_10/23 FORM I.D. NUMBER (e) INTEREST IF AN INDIVIDUAL, ENTER OUTSTANDING ORIĞİNAL AMOUNT PAID OUTSTANDING AMOUNT CUMULATIVE OCCUPATION AND EMPLOYER BALANCE BALANCE AT PAID THIS AMOUNT OF RECEIVED THIS OR FORGIVEN CONTRIBUTIONS (IF SELF-EMPLOYED, ENTER BEGINNING THIS CLOSE OF THIS PERIOD LOAN PERIOD THIS PERIOD + TO DATE NAME OF BUSINESS) PERIOD PERIOD CALENDAR YEAR 8370 PAID **₽** " RATE FORGIVEN PER ELECTION , 5,500 _s_ DATE INCURRED CALENDAR YEAR PAID FORGIVEN PER ELECTION* DATE DUE DATE INCURRED PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION* DATE DUE DATE INCURRED SUBTOTALS 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) †Contributor Codes IND - Individual (Total Column (c) plus loans under \$100 paid or forgiven.) COM - Recipient Committee (Include loans paid by a third party that are also itemized on Schedule A.) (other than PTY or SCC)

(May be a negative number)

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

Enter the net here and on the Summary Page, Column A, Line 2.

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PTY - Political Party

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee