**Recipient Committee Campaign Statement Cover Page** 

**COVER PAGE** 

CALIFORNIA 460 FORM

	Page 1 of 18
	For Official Use Only 0 Z   594 C   11889
art	erly Statement al Odd-Year Report

Date of election if applicable: (Month, Day, Year) Statement covers period from January 1, 2023 CAMBAIGN FINANCE July 25, 2023 through June 10, 2023 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: **Preelection Statement** Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure State Candidate Election Committee
Recall Semi-annual Statement Committee **Termination Statement** Controlled (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) ☐ General Purpose Committee \$4120.88 was reported on both Schedule C and E. Those items are now on Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Schedule C only. \$1 mistake found on C. The Summary page is corrected. Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Committee Information Treasurer(s) 1459619 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Linda Saeta McDonald for School Board District 4 2023 MAILING ADDRESS STREET ADDRESS (NO P. CITY ZIP CODE AREA CODE/PHONE STATE (909)229-6152 CA 91711 Claremont CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE Claremont CA 91711 (909) 686-1559 Leslie Negritto MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY CITY ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE Claremont CA 91711 (909)347-1150 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS info@mcdonald4cusd.com info@mcdonald4cusd.com

#### 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. certify under penalty of perjury under the laws of the State of California that the foregol

Executed on 7/9/23	Ву	asurer
Executed on 719123	Ву	nent or Responsible Officer of Sponsor
Executed on	BySignature of Controlling Officeholder, Candidata, St	ate Measure Proponent
Executed on	BySignature of Controlling Officeholder, Candidate, St	ate Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIFORNI FORM	<sup>4</sup> 460							
2	- 18							

i. Officeholder or Candidate Controlled Comm	Ittee			6.	Primarily Formed Ballot	Measure Committe	10	
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE			
Alex McDonald								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER I	F APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTION	l F	SUPPORT
School Board Trustee, Claremont District 4								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY Claremont	STATE	ZIP 91711		Identify the controlling officeh	holder, candidate, or sta	te measure prop	onent, if any.
					NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPONENT		
Related Committees Not Included in this Sta	tement: 11e	t any con	nmittooc					
not included in this statement that are controlled by you or	are primarily fo				OFFICE SOUGHT OR HELD		DISTRICT NO.	IFANY
contributions or make expenditures on behalf of your cand	lidacy.							*
COMMITTEE NAME	I.D. NUMBER							
	1							
NAME OF TREASURER	CONTROLLE	200101	TTEE 0	7.	<b>Primarily Formed Candi</b>	idate/Officeholder (	ommittee Li	st names of
NAME OF TREASURER					officeholder(s) or candidate(s) i	for which this committee	is primarily forme	d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	YES	□ NO	,	,	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICES	OUGHT OR HELD	
The state of the s	2011					1		☐ SUPPORT
CITY STATE ZIP C	ODE A	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICES	OUGHT OR HELD	
					NAME OF OFFICEROLDER OR O	DIFFICE S	ODGITI OK IILLD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER							OPPOSE
COMMITTEE MAINE	I.D. NUMBER				NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICES	OUGHT OR HELD	SUPPORT
								☐ OPPOSE
NAME OF TREASURER	CONTROLLE	D COMMI	ITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICES	OUGHT OR HELD	<del></del>
	☐ YES	☐ NO						SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	BOX)							OPPOSE
CITY STATE ZIPC	ODE A	AREA CO	DE/PHONE		Attac	ch continuation sheets i	f necessary	

#### **Campaign Disclosure Statement Summary Page**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from January 1, 2023 **FORM** through June 10, 2023 Page 3 I.D. NUMBER

NAME OF FILER McDonald for School Board District 4 2023 1459619 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 13180.07 13180.07 1. Monetary Contributions...... Schedule A, Line 3 7/1 to Date 1/1 through 6/30 0 0 20. Contributions 13180.07 13180.07 Received 4120.88 4120.88 4. Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures 17300.88 17300.88 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 5744.15 5744.15 6. Payments Made...... Schedule E. Line 4 Candidates 0 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 57444.15 5744.15 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ (if Subject to Voluntary Expenditure Limit) 3774.07 3774.07 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date 4120.88 4120.88 (mm/dd/yy) 13639.07 13639.07 Current Cash Statement 12. Beginning Cash Balance ....... Previous Summery Page, Line 18 \$ To calculate Column B. 13180 add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 0 14. Miscellaneous increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 5744.15 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 7435.85 16. ENDING CASH BALANCE ......Add 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, Pert 2 \$ 0 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 3774.07 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period from January 1, 2023		CALIFORNIA 460		
SEE INSTRUCTI	IONS ON REVERSE			through June 10,	2023	Page	4of_18	
NAME OF FILER McDonald fo	e for School Board District 4 2023					I.D. NU 145961	JMBER 19	
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 T CALENDAR \(\) (JAN. 1 - DE(	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
3/20/2023	Teddle Warner Claremont, CA 91711	ZIND COM OTH PTY SCC	Retired	200.00	200.00			
3/18/2023	Laura Roach Claremont, CA 91711	ZIND COM OTH PTY SCC	Managing partner Arbor Visual Media	250.00	318.92			
3/21/2023	Alex McDonald Claremont, CA 91711	ZIND COM OTH PTY SCC	Physician Southern California Permanente Medical Group	300.00	3986.07	,		
3/21//2023	Manisha Shenava Claremont, CA 91711	ZIND COM	Physician Southern California Permanente Medical Group	500.00	500.00			
3/21/2023	Eugenia Nieto	☑IND □COM □OTH	Veterinarian Inland Veterinary	200.00	200.00			
	Claremont CA 91711	□ PTY □ SCC	Specialists					
			SUBTOTAL S	1450				
1. Amount re (Include al	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				OTH PTY	(other I – Other I – Politica	ual ient Committee than PTY or SCC) (e.g., business entity)	

. FPPC Form 460 (Jan/2016))
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

**FORM** 

Statement covers period

from January 1, 2023

				through June 10,	2023	Page_		
McDonald fo	or School Board District 4 2023			1.D. NU 14596	JMBER 319			
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
3/21/2023	Diamond Center Claremont, CA 91711	□IND □COM ØOTH □PTY □SCC		1000.00	1330.00			
04/07/2023	Linda Saeta Claremont CA	ZIND COM	Retired	100.00	114.00			
04/13/2023	Raul Ayala Fresno CA 93730	☑IND □COM □OTH □PTY □SCC	Raul Ayala, MD / Medical Doctor	525.00	525.00			
04/10/2023	Phalana Tiller Claremont, CA 91711	☑IND □COM □OTH □PTY	Bendable Labs / Vice President	150.00	150.00			
04/11/2023	Erika Roshanravan	☑IND □COM □OTH	CCHC / Physician (Comprehensive	150.00	150.00			
	Davis CA 95618	□ PTY □ SCC	Community Health					

+ **SUBTOTAL \$ 1925.00** 

\*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	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCH		

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Statement covers period

Monetary Contributions Received		Anoto volidio	Statement cov from January 1, 2 through June 10,	023	F 0	FORM 460	
	ONS ON REVERSE			through / this is,			
McDonald F	or School Board District 4 2023					1.D. NUM 1459619	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
4/12/2023	Toluwalase Ajayi San Diego CA 92103	☑IND □COM □OTH □PTY □SCC	Rady Children's Hospital Physician	150.00	150.00		
4/12/2023	Ravi Grivois-Shah Tucson, AZ 85716	IND COM	El Rio Medical Center Physician	100.00	100.00		
4/12/2023	Ramona Snipes Pasadena CA 91105	☑IND □COM □OTH □PTY □SCC	Unemployed	200.00	200.00		
4/12/2023	Diana Shiba La Canada CA 91011	ZIND COM OTH PTY	Southern CA Permanente Medical Group Physician	200.00	200.00		
4/13/2023	Sion Roy  Malibu CA 90265	IND COM DOTH PTY SCC	LA County Physician	100.00	100.00		
			SUBTOTAL \$	750.00			
Schedule A Summary  I. Amount received this period – Itemized monetary contributions.  (Include all Schedule A subtotals.)						(other t - Other (e - Political	el ent Committee han PTY or SCC) e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$ see	: p. 4	PPC Advice: advi		Form 460 (Jan/2016)) ca.gov (866/275-3772)

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d		Statement coverage from January 1, 20	•	FORM 460		
				through June 10,	2023	Page _7	of	18
NAME OF FILER						I.D. NUN	IBER	
McDonald fo	or School Board District 4 2023					145961	9	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT	CALENDARY			ECTION

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)	
4/13/2023	Jessica Marchant	☑IND □COM □OTH	Claremont Unified School District	100.00	100.00		
	Claremont, CA 91711	□PTY □SCC	Teacher				
4/14/2023	Bridget Healy	☑IND □COM □OTH	Unemployed	100.00	100.00		
	Claremont, CA 91711	□PTY □scc					
4/14/2023	Christina Kelly	☑IND □ COM □ OTH	Forward Physician	200.00	200.00		
	Fort Benning GA 31905	□PTY □scc					
4/16/2023	Devesh Vashishtha	☑IND □COM □OTH	Family Health Ceners of San Diego	250	250.00		
	Seattle Washington 98118	□PTY □scc	Family Physician				
4/18/2023	Steven Wang	☑IND □ COM	Southern California	200.	200.00		
	Bakersfield CA 93311	□OTH □PTY □SCC	Permanente Medical Group Physician				
SUBTOTAL \$ 850.00							

\*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 Monetary	A Contributions Received		Amounts may be rounded to whole dollars.  Statement covers from January 1, 2023				CALIFORNIA 460	
SEE INSTRUCTION	DNS ON REVERSE			through June 10,	2023	Page	8 of 18	
McDonald fo	or School Board District 4 2023					14596	19	
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		/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
4/20/2023	Darla Shepard Yorba Linda CA 92887	ZIND COM OTH PTY SCC	Southern California Permenente Medical Group Physician	100	100.00			
4/22/2023	Christine Stark Claremont, CA 91711	ZIND COM OTH PTY SCC	Unemployed	199	199.00			
4/28/2023	Dr. Eric Hansen Hesperia CA 92345	□IND □COM ØOTH □PTY □SCC	Self Employed Eric R Hansen DO Professional Corporation	250	250.00			
4/28/2023	Vincent Mason  Redwood City CA 94065	ZIND COM OTH PTY SCC	Physician Palo Alto Medical Foundation	150	150.00		,	
4/28/2023	Yushu Chou San Marino CA 91108	ZIND COM OTH PTY SCC	Physician Southern California Permanente Medical Group	500	500.00			
			SUBTOTAL S	1199				
	A Summary ceived this period – itemized monetary contributions.					Contributor ND – Individ		

(Include all Schedule A subtotals.).....\$

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ see p. 4

3. Total monetary contributions received this period.  COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

**FORM** 

Statement covers period

from January 1, 2023

				through June 10, 2023			9 of 18
McDonald fo	or School Board District 4					1.D. NU 14596	JMBER 119
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
5/1/2023	Lance Lewis Sacramento CA 95822	☑IND □COM □OTH □PTY □SCC	California Medical Association Chief Operating Officer	150.00	150.00		
5/4/2023	Joy Compton Claremont, CA 91711	ZIND COM OTH PTY SCC	Unemployed	100.00	100.00		
5/16/2023	Karen Rosenthal Claremont CA 91711	☑IND □COM □OTH □PTY □SCC	Unemployed	250.00	250.00		
5/19/2023	Moazzum Bajwa Riverside, CA 92507	ZIND COM OTH PTY SCC	Unemployed	150.00	150.00		
5/19/2023	Joe Casillas Claremont, CA	☑IND □COM □OTH □PTY □SCC	Physician Kaiser Permenente	100.00	100.00		
			SUBTOTAL S	\$ 750			•

\*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 Monetary	A Contributions Received		ats may be rounded whole dollars.	Statement coverage from January 1, 20	023	F	SCHEDULE IFORNIA 460
SEE INSTRUCTION	ONS ON REVERSE			through June 10,	2023	Page	10 of 18
NAME OF FILER McDonald 4	School Board District 4					I.D. N 14596	UMBER 19
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER J.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEN	DAR YEAR - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/20/2023	Sandra Hester Claremont, CA 91711	IND COM OTH PTY SCC	Unemployed	100	100.00		
5/12/2023	California Teachers' Association/Association for better citizenship ID# 741941	☐IND ☐COM ☐OTH ☐PTY ☐SCC	ID# 741941	750.00	750.00		
5/22/2023	Democratic Club of Claremont  Claremont, CA 91711 ID 841491	□IND  IZ COM □OTH □PTY □SCC	ID# 841491	250.00	250.00		
5/22/2023	Chris Naticchia Claremont, CA 91711	ZIND   COM   OTH   PTY   SCC	Professor California State University	100.00	100.00		
5/23/2023	Barbara Barton Claremont, CA 91711	ZIND COM OTH PTY	Unemployed	100.00	100.00		
			SUBTOTAL	1300.00			
4 Amazumt ma	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)		\$ see	p. 4			

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ see p. 4

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))
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#### Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from January 1, 2023	CALIFORNIA 460
		through June 10, 2023	Page of
IAME OF FILER			I.D. NUMBER
McDonald for School Board District 4			1459619

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	R IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) PERIOD		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)			
5/23/2023	Nora Quinn Claremont, CA 91711	ZIND COM OTH PTY SCC	Unemployed	150.00	150.00				
5/24/2023	Laurence Hoffmann Ave Claremont, CA 91711	ZIND COM OTH PTY	Unemployed	-150.00	150.00				
4/29/2023	Emily Moultrie  Claremont, CA 91711	IND COM OTH PTY	business owner-Self Employed Claremont Craft Ales	100.00	100.00				
5/2/2023	Tom and Barbara Shelly Claremont, CA 91711	IND COM	Retired	250.00	250.00				
4/19/2023	Manuel Rivas  Claremont CA 91711	IND COM	Chemist, Toyo Ink America	100.00	100.00				
	SUBTOTAL \$ 750								

\*Contributor Codes IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
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PTY - Political Party

SCC - Small Contributor Committee

Schedule A			its may be rounded		SCHEDULE A		
Monetary	Contributions Received	. 10	whole dollars.	Statement covers period		CALIFORNIA 460	
				from January 1, 2	023	F	ORM TOO
SEE INSTRUCTION	ONS ON REVERSE			through June 10,	2023	Page	12of_18
NAME OF FILER						1	JMBER
McDonald fo	r School Board District 4					14596	19
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T		PER ELECTION
RECEIVED	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	(JAN. 1 - DEC		TO DATE (IF REQUIRED)
6/2/2023	John and Linda Moore	ZIND □ COM □ OTH	Retired	100.00	100.00	2.01,	(ii ricaonica)
	Claremont, CA 91711	PTY					
6/4/2023	Neha Vaghasia	☑IND □COM □OTH	Physician Kaiser Permanente	100.00	100.00		
	Pasadena CA 91107	□PTY □SCC	Raiser Fermanente				
		□IND □COM					
		□отн	·				
		□ PTY □ SCC			,		
		□IND					
		□ COM □ OTH					
		PTY					
		□scc			ļ		
		☐ IND					
		ОТН					
		□ PTY □ SCC					
			SUBTOTAL \$	200.00			
Schedule A	A Summary					ntributor (	
Amount red     (Include all	ceived this period – itemized monetary contributions.  Schedule A subtotals.)	·	\$ <u>see</u>	p. 4			ual elent Committee than PTY or SCC)
	ceived this period – unitemized monetary contribution				PTY	I – Other ' – Politic	(e.g., business entity)
3. Total mone	tary contributions received this period.			- 4	<u> </u>		
(Add Lines	1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$ _sec	p. 4			C Form 460 (Jan/2016))
					PPC Advice: adv	ice@tpp	c.ca.gov (866/275-3772) www.fppc.ca.gov

	A	ounts may be ro	undod				SCHED	ULE B - PART 1
Schedule B – Part 1	Am	Statement cove	rs period	CALIFORNIA 460				
Loans Received					from January 1, 2	023	FORM	"^ <b>4</b> 00
SEE INSTRUCTIONS ON REVERSE				- 1	through June 10,	2023	Page 13	of 18
NAME OF FILER							I.D. NUMBER	
McDonald for School Board District 4 2023	•						1459619	
		,					- 0	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	OUTSTANDING BALANCE	AMOUNT	AMOUNT PA	ID OUTSTANDING	(0) INTEREST PAID THIS	ORIGINAL AMOUNT OF	CUMULATIVE
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		BEGINNING THIS PERIOD	RECEIVED THIS PERIOD	THIS PERIO		PERIOD	LOAN	TO DATE
	HARLE OF BUSINESSY	PERIOD		☐ PAID	PERIOD			CALENDAR YEAR
Alex McDonald	Physician			<u>, 0</u>	_   ,0	0 %	s 3158.07	s 3158.07
	Southern California			FORGIVEN		RATE		PER ELECTION**
Claremont, CA 91711	Permanente Medical	0 .	3158.07	3158.07			4/10/2023	3158.07
TEZIND □ COM □ OTH □ PTY □ SCC	Groun	\$	\$	\$ 3136.07	DATE DUE	\$	DATE INCURRED	\$_5156.67
2 III   COM   COM				PAID			1	CALENDAR YEAR
				s	_   s		s	
				FORGIVEN		RATE		PER ELECTION**
				LIFORGIVER	' <b> </b>			PERELECTION
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
- IND   COM   OTA   FTT   1 Sec				PAID			<del>                                     </del>	CALENDAR YEAR
							1.	
				FORGIVEN	_   -	RATE	-	,
				L PORGIVER	'		1	PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
							<del> </del>	
	S	UBTOTALS \$		<b></b>	\$	\$ 		
Schedule B Summary						(Enter (e) on Sched	ule E, Line 3)	
Loans received this period				\$ 3	158.07			
(Total Column (b) plus unitemized loan	s of less than \$100.)	************************		•		<u>~</u>		
<ol><li>Loans paid or forgiven this period</li></ol>				\$ _3	158.07		Contributor Codes ID – Individuat	•
(Total Column (c) plus loans under \$10							OM - Recipient C	
(Include loans paid by a third party tha	t are also itemized on Sche	dule A.)		NET 0		١,	other than) TH – Other (e.g.,	PTY or SCC)
<ol><li>Net change this period. (Subtract Line Enter the net here and on the Summar</li></ol>	e ∠ irom Line 1.) v Page Column A. Line 2			.NEI \$		P	TY - Political Par	ty
Enter the net here and on the outline	y rago, columna, eme z.					s	CC - Small Contr	ibutor Committee
					(May be a negetive number)	_		
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.	)						

\*\* If required.

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Schedule C		to whole dollars.						SCHEDULE		
Nonmoi	netary Contributions Received		to minois deligion			Statement covers p		CALIFO	ORNIA 460	
					fron	January 1, 2023		FO	RM TOO	
SEE INSTRUC	TIONS ON REVERSE				thre	June 10, 202	3	Page 14		
	for School Board District 4 2023							1.D. NUME 1459619		
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
5/25/202 3	Diamond Center Claremont, CA 91711	□IND □COM ☑OTH □PTY □SCC	,	Paid for Ad in Claremont Co		330.00	1330.00	,		
4/10/202 3	Alex McDonald  Claremont, CA 91711	☑IND □COM □OTH □PTY □SCC	Physician Southern California Permanente Medical	Paid for Signs (\$2858.07); campaign	. 0	\$3658.07 (Was \$3686-typo)	3958.07	7		
		OTH SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTO	TAL S	3988.07	,		7,	
	C Summary received this period – itemized nonmonetar	v contribution	0					ntributor Co		
(Include	all Schedule C subtotals.)	y contribution	ə. 		\$_	3988.07 ——————	COI	M - Recipier	nt Committee an PTY or SCC)	
2. Amount	received this period – unitemized nonmone	tary contributi	ons of less than \$100		\$_	132.81	PT\	i – Other (e. / – Political i	g., business entity)	
	nmonetary contributions received this period es 1 and 2. Enter here and on the Summan		nn A, Lines 4 and 10.)	TOTA	L \$_	4120.88	_			

						SCHEDULE
Schedule E	Amounts may b to whole do			Statement covers period	CALIF	ORNIA 460
Payments Made				from January 1, 2023	FO	RM 400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER McDonald for School Board District 4				through June 10, 2023	Page I.D. NUI 14596	
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations civic donations fundralising/ballot fees fundralising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv	munications d appearances es ating urvey researc very and mes	•	wise, describe the payment.  RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production radio rad	uction costs d meals and meals of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Signs,Com , Van Nuys, CA 91406	а	CMP	Yard signs-Amend	ed: Reported on Schedule C		Was 2858.07 Corrected \$0
Printing Works , Pomona, CA 91767	0	LIT	-			2752.94
LA County Votes Norwalk, CA 90650	0	FIL	Ballot Statement-R	eported on Schedule C		Was 800.00 Corrected \$0
Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		SU	BTOTAL	\$ 2752.94
Schedule E Summary						
Itemized payments made this period. (Include all Schedule	e E subtotals.)	•••••			\$	5556.70
2. Unitemized payments made this period of under \$100					\$	187.45
3. Total Interest paid this period on loans. (Enter amount from	n Schedule B, Pari	t 1, Column	(e).)		\$_	)

SCHE	DULE	E (C	CONT

Schedule !	E
(Continuat	tion Sheet)
<b>Payments</b>	Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE E (CON I.)
Statement covers period January 1, 2023 from	CALIFORNIA 460
through June 10, 2024	Page of
	I.D. NUMBER
	1459619

McDonald for School Board District 4

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL. t.v. or cable airtime and production costs candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks FND fundraising events TRS staff/spouse travel, lodging, and meals POL polling and survey research independent expenditure supporting/opposing others (explain)\* TSF transfer between committees of the same candidate/sponsor IND POS postage, delivery and messenger services LEG legal defense professional services (legal, accounting) VOT voter registration PRO 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
Claremont Courier Claremont, CA 91711	PRT	Amended: \$330 on Schedule C. Was \$913.00.	583.00
Alex McDonald Claremont, CA 91711		Reimbursement for webpage (\$96.73); County register (\$54.00)	150.73
Emmie Johnson , Roseville, CA 95747	WEB	Reimbursement PDI (Political Data Intelligence)  PMB #992,Long Beach, CA	583.00
Facebook Menlo Park, CA 94025-1452	WEB		111.92
Kona Ice N. Fontana	СМР		340.00

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

**SUBTOTAL \$ 1768.65** 

				SCHEDULE				
Schedule E	Amounts may b			Statement covers period	CALIF	CALIFORNIA 460		
Payments Made				from January 1, 2023	FC	ORM 400		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through June 10, 2023	Page _	17 of 18		
McDonald for School Board District 4					14596	19		
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO print ads	munications if appearances ies ating urvey research very and mess	n senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and TRS transfer between committees VOT voter registration WEB information technology costs	uction cost d meals and meals s of the san	ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESC	CRIPTION OF PAYMENT		AMOUNT PAID		
Image Concepts, Inc , Claremont, CA 91711		СМР	Invoice 18969 (\$20 18970 (286.33)	01.58) Invoice 18971 (97.13) Invo	ice	\$585.04		
Paypal San Jose, CA 95112			Cumulative fees fo	r using Paypal to collect donation	ıs.	450.07		
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		su	BTOTAL	\$ 1035.11		
Schedule E Summary								
Itemized payments made this period. (Include all Schedule					\$	see p. 14		
2. Unitemized payments made this period of under \$100					\$	see p. 14		
3. Total interest paid this period on loans. (Enter amount fror	n Schedule B, Par	t 1, Column	(e).)		\$			

							SCHEDULE		
Schedule F Accrued Expenses (Unpaid Bills)	ded	Statement cove	CALIFORNIA 460						
			through June 10,	2023	Page _	18	of_18		
SEE INSTRUCTIONS ON REVERSE							of		
NAME OF FILER					I.D. NUN				
McDonald for School Board District 4					14596	19			
FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, ic FND fundralsing events POL polling and survey research TRS staff/spouse travel POS postage, delivery and messenger services TSF transfer between c						d production costs utions ars' salaries me and production costs l, lodging, and meals vel, lodging, and meals n committees of the same candidate/sponsor			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT P THIS PERI (ALSO REPORT	OD	BALANG	(d) STANDING DE AT CLOSE IIS PERIOD		
Alex McDonald , Claremont, CA 91711	Reimburse Signs (2,858.07) and	0.00	3658.07	0		3658.0	07		
MailChimp,	WEB	0.00	116.00	0		116.00	)		
Atlanta, GA 30308									
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	0 :	3774.07	<b>5</b> 0	\$	3774.0	7		
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Sche	accrued expenses under	\$100.)	INCU	RRED TOTA	ALS\$_	774.07			
accrued expenses of \$100 or more, plus total unitemized	payments on accrued exp	enses under \$100.)		PAID TOTA	uss "	,			

May be a negative number FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)