

**Recipient Committee
Campaign Statement
Cover Page**

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CAMPAIGN FINANCE**

CALIFORNIA FORM 460

Page 1 of 8

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01574
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Statement covers period
from 1-1-2021
through 6-19-21

Date of election if applicable:
(Month, Day, Year)
11-3-2020.

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
1267113

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Pat Rodriguez-Mackintosh

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Alhambra CA 91803 626-872-2402

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

MAILING ADDRESS

1715 S Marengo Avenue
CITY STATE ZIP CODE AREA CODE/PHONE
Alhambra CA 91803 626-487-5045

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 schedules is true and complete. I

Executed on 6/20/21
Date

By _____

Executed on 6/20/21
Date

By _____
if of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent



ma

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Pat Rodriguez-Mackintosh

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

Alhambra School Board - District 5

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

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>1-1-2021</u> through <u>6-30-2021</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>8</u> |
| | I.D. NUMBER <u>1267113</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Pat Rodriguez-Mackintosh

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 5,808.00 | \$ 5,808.00 |
| Loans Received..... Schedule B, Line 3 | -4,191.00 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 1,617.00 | \$ 5,808.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 1,617.00 | \$ 5,808.00 |

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 | \$ 3075.00 | \$ 3075.00 |
| 7. Loans Made..... Schedule H, Line 3 | -700.00 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 2375.00 | \$ 7,593.78 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | -2,375.00 | 0 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 0 | \$ 0 |

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

| | |
|--|-----------|
| 2. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 768.00 |
| 13. Cash Receipts..... Column A, Line 3 above | 1,617.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 0 |
| 15. Cash Payments..... Column A, Line 8 above | 2375.00 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 10.00 |

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

| | |
|--|------|
| 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 |

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>1-1-2021</u> | CALIFORNIA FORM 460 |
| through <u>6-30-2021</u> | |
| Page <u>4</u> of <u>8</u> | |
| I.D. NUMBER 1267113 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Pat Rodriguez-Mackintosh

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME)</small> | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small> | PER ELECTION TO DATE <small>(IF REQUIRED)</small> |
|---------------|--|---|--|-----------------------------|---|--|
| 5-8-2020 | Steven Perry Alhambra, CA 91803 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consutant Self Employed SLS, Inc | 4,191.00 | | |
| 5-8-2020 | Patricia Rodriguez-Mackintosh Alhamnbra, CA 91803 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Receptionist The Ryan Law Firm | 1,614.00 | | |
| | | <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 \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5,805.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 3.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5,808.00

*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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from <u>1-1-2021</u> through <u>6-30-2021</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>8</u> |
| I.D. NUMBER 1267113 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Pat Rodriguez-Mackintosh

| 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 |
|--|---|--|------------------------------------|--|--|----------------------------------|---------------------------------------|---|
| Steven Perry Alhambra, CA. 91801 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant Self Employed SLS, Inc | \$ 4,191 | \$ 0 | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 04,191 | \$ 0 DATE DUE _____ | 0 % RATE | \$ 4,191 11/11/16 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| Patricia Rodriguez-Mackintosh Alhambra, CA 91803 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Secretary | \$ 0 | \$ 1,614 | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 1,614 | \$ 0 DATE DUE _____ | _____% RATE | \$ 1,614 1/8/21 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 | | \$ 01,614 | \$ 5,805 | \$ 0 | \$ 0 | | | |

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

Schedule B Summary

| | |
|---|-------------|
| 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) | \$ 1,614 |
| 2. 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.) | \$ 5,805.00 |
| 3. Net change this period. (Subtract Line 2 from Line 1.) NET | \$ -4191.00 |

(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 from 1-1-2021 through 6-30-2021 | CALIFORNIA FORM 460 |
| Page 6 of 8 | I.D. NUMBER 1267113 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Pat Rodriguez-Mackintosh

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 |
| FD candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FD 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 |
|---|---------|---------------------------|-------------|
| Plaza Printing Alhambra, CA 91801 | LIT | Bulk Mailing | 1,713.00 |
| Plaza Printing Alhambra, CA 91801 | LIT | Bulk Mailing | \$662.00 |
| Jane Anderson Alhambra, CA 91801 | LIT | Ballot Statement Fee Loan | \$700.00 |

* 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.) | \$ 3,075.00 |
| 2. Unitemized payments made this period of under \$100 | \$ 0 |
| 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 \$ 3,075.00 |

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from 1-1-2021 through 6-30-2021 | CALIFORNIA FORM 460 |
| | Page 7 of 8 |
| I.D. NUMBER 1267113 | |

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 |
| ND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| D 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 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 PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|--|--|
| Plaza Printing Alhambra, CA 91801 | LIT | 1712.88 | 0 | 1712.88 | 0 |
| Plaza Printing Alhambra, CA 91801 | LIT | 661.90 | 0 | 661.90 | 0 |
| | | | | | |

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

SUBTOTALS \$ 2,374.78 \$ 0 \$ 2,374.78 \$ 0

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 0**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 2,374.78**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -2,375.00**

May be a negative number

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov



**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from <u>1-1-2021</u> through <u>6-30-2021</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------------|
| NAME OF FILER Friends of Pat Rodriguez-Mackintosh | I.D. NUMBER 1267113 |
|---|-------------------------------|

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) | (b) | (c) | | (d) | (e) | (f) | (g) |
|---|---|---|---------------------------|---|---|-------------------|-------------------------|---|-----|
| | | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT LOANED THIS PERIOD | REPAYMENT OR FORGIVENESS THIS PERIOD* | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST RECEIVED | ORIGINAL AMOUNT OF LOAN | CUMULATIVE LOANS TO DATE | |
| Jane Anderson Alhambra, CA 91801 | Retired Teacher | \$ 700.00 | \$ 0 | <input type="checkbox"/> PAID \$ 500. <input checked="" type="checkbox"/> FORGIVEN \$ 700.00 | \$ 0 | 0 % RATE | \$ 1,200 | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ 7-13-20 DATE INCURRED | |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ | _____% RATE | \$ _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED | |
| SUBTOTALS | | \$ 0 | \$ 700.00 | \$ 0 | \$ 0 | \$ 0 | | | |

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

Schedule H Summary

| | |
|--|----------------|
| 1. Loans made this period (Total Column (b) plus unitemized loans of less than \$100.) | \$ 0 |
| 2. Payments received on loans (Total Column (c) plus unitemized payments of less than \$100.) | \$ 700.00 |
| 3. Net change this period. (Subtract Line 2 from Line 1.) | NET \$ -700.00 |

**If Required

(May be a negative number)

NAM

5721

40C 6/25/21

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

____/____/____

Amendment
 Date qualification threshold met

____/____/____

Termination - See Part 5
 Date of termination

6 / 19 / 21

Date Stamp
 RECEIVED BY
 LOS ANGELES COUNTY
 2021 JUN 25 PM 4:51
 CAMPAIGN FINANCE

CALIFORNIA FORM 410
 For Official Use Only
 015574
 Co 7075

| | | | | | | | |
|--|---|-------------------|-----------------------------------|--|-------------|-------------------|-----------------------------------|
| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | |
| I.D. Number 1267113 <small>(if applicable)</small> | | | | NAME OF TREASURER Ronald I Jarvis | | | |
| NAME OF COMMITTEE Friends of Pat Rodriguez Mackintosh For Alhambra School Board 2020 | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY Alhambra | STATE CA | ZIP CODE 91803 | AREA CODE/PHONE (626) 487-5045 |
| CITY Alhambra | STATE CA | ZIP CODE 91803 | AREA CODE/PHONE (626) 731-3299 | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) pat.mackintosh@yahoo.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 to the best of my knowledge 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 provided is true and complete.

Executed on 6/20/2021 By _____

Executed on 6/20/2021 By _____

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

ma

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

| | |
|---|------------------------|
| COMMITTEE NAME Friends of Pat Rodriguez Mackintosh | I.D. NUMBER 1267113 |
|---|------------------------|

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

| | | |
|---|-----------------------------------|----------------------------------|
| NAME OF FINANCIAL INSTITUTION Bank of the West | AREA CODE/PHONE (626) 289-3534 | BANK ACCOUNT NUMBER 063148795 |
| ADDRESS | CITY Alhambra | STATE CA |
| | | ZIP CODE 91801 |

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 CHECK ONE | | |
|--|---|------------------|-----------------|----------|------------------------------|
| | | | Nonpartisan | Partisan | (list political party below) |
| | | | 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 |
| | | SUPPORT | OPPOSE |