

497 Contribution Report

Amounts may be rounded to whole dollars.

0547

NAME OF FILER McDonald for School Board District 4 2023			Date of This Filing 4/20/2023	Date Stamp RECEIVED BY LOS ANGELES COUNTY emailed 4/20/23 2023 APR 21 AM 8:38	CALIFORNIA FORM 497 For Official Use Only 021594 C11893
AREA CODE/PHONE NUMBER 909-686-1559	I.D. NUMBER (if applicable) 1459619		Report No.		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Claremont	STATE CA	ZIP CODE 91711	No. of Pages		

1. Contribution(s) Received

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
3/21/2023	Diamond Center Claremont, CA 91711	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
3/21/2023	Alex McDonald Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Southern California Permanente Medical Group	328.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
4/10/2023	Alex McDonald Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Southern California Permanente Medical Group	3158.07 <input checked="" type="checkbox"/> Check if Loan 0_____% Provide interest rate

Reason for Amendment: _____

* 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

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