

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

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CAMPAIGN FINANCE  
DISCLOSURE SECTION

**CALIFORNIA FORM 460**  
Page 1 of 18  
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021594  
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SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from January 1, 2023  
through June 10, 2023

Date of election if applicable:  
(Month, Day, Year)  
July 25, 2023

**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

\$4120.88 was reported on both Schedule C and E. Those items are now on Schedule C only. \$1 mistake found on C. The Summary page is corrected.

**3. Committee Information**

I.D. NUMBER  
1459619

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
McDonald for School Board District 4 2023

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
Claremont CA 91711 (909) 686-1559

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
OPTIONAL: FAX / E-MAIL ADDRESS  
info@mcdonald4cusd.com

**Treasurer(s)**

NAME OF TREASURER  
Linda Saeta

MAILING ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
Claremont CA 91711 (909)229-6152

NAME OF ASSISTANT TREASURER, IF ANY  
Leslie Negritto

MAILING ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
Claremont CA 91711 (909)347-1150

OPTIONAL: FAX / E-MAIL ADDRESS  
info@mcdonald4cusd.com

**4. 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. I certify under penalty of perjury under the laws of the State of California that the foregoing

Executed on 7/9/23 By \_\_\_\_\_  
Date Signature

Executed on 7/9/23 By \_\_\_\_\_  
Date Signature of Controlling Officer, Candidate, State Measure Proponent

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

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

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

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Alex McDonald

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
School Board Trustee, Claremont District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Claremont CA 91711

**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?<br><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?<br><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<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b>    |
|  | Page <u>3</u> of <u>18</u>    |
|  | I.D. NUMBER<br><u>1459619</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McDonald for School Board District 4 2023

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 13180.07  | \$ 13180.07                                |
| 2. Loans Received..... Schedule B, Line 3            | 0  | 0  |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 13180.07  | \$ 13180.07                                |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 4120.88  | 4120.88                                    |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 17300.88  | \$ 17300.88                                |

**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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 5744.15   | \$ 5744.15                                 |
| 7. Loans Made..... Schedule H, Line 3                      | 0  | 0  |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 5744.15   | \$ 5744.15                                 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 3774.07  | 3774.07                                    |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | 4120.88  | 4120.88                                    |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 13639.07  | \$ 13639.07                                |

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |            |
|--|------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 0       |
| 13. Cash Receipts..... Column A, Line 3 above                              | 13180      |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | 0          |
| 15. Cash Payments..... Column A, Line 8 above                              | 5744.15    |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 7435.85 |

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 | \$ 3774.07 |

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<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>18</u> |

SEE INSTRUCTIONS ON REVERSE

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>McDonald for School Board District 4 2023</b> | I.D. NUMBER<br><b>1459619</b> |
|---|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 3/20/2023     | Teddle Warner<br>Claremont, CA 91711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 200.00                      | 200.00  |                                    |
| 3/18/2023     | Laura Roach<br>Claremont, CA 91711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Managing partner<br>Arbor Visual Media  | 250.00                      | 318.92  |                                    |
| 3/21/2023     | Alex McDonald<br>Claremont, CA 91711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br>Southern California<br>Permanente Medical Group                                  | 300.00                      | 3986.07   |                                    |
| 3/21/2023     | Manisha Shenava<br>Claremont, CA 91711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br>Southern California<br>Permanente Medical Group                                  | 500.00                      | 500.00  |                                    |
| 3/21/2023     | Eugenia Nieto<br>Claremont CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Veterinarian<br>Inland Veterinary<br>Specialists  | 200.00                      | 200.00  |                                    |

**SUBTOTAL \$ 1450**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 9174
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 4006.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 13180

\*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 (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b>    |
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|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>McDonald for School Board District 4 2023</b> | I.D. NUMBER<br><b>1459619</b> |
|---|-------------------------------|

| DATE RECEIVED              | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|----------------------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/21/2023                  | Diamond Center<br>Claremont, CA 91711   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1330.00   |                                    |
| 04/07/2023                 | Linda Saeta<br>Claremont CA   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 100.00                      | 114.00  |                                    |
| 04/13/2023                 | Raul Ayala<br>Fresno CA 93730   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Raul Ayala, MD / Medical Doctor  | 525.00                      | 525.00  |                                    |
| 04/10/2023                 | Phalana Tiller<br>Claremont, CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bendable Labs / Vice President   | 150.00                      | 150.00  |                                    |
| 04/11/2023                 | Erika Roshanravan<br>Davis CA 95618   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CCHC / Physician<br>(Comprehensive Community Health)   | 150.00                      | 150.00  |                                    |
| <b>SUBTOTAL \$ 1925.00</b> |   |   |  |                             |   |                                    |

\*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.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>McDonald For School Board District 4 2023</b> | I.D. NUMBER<br><b>1459619</b> |
|---|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 4/12/2023     | Toluwalase Ajayi<br>San Diego CA 92103  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Rady Children's Hospital<br>Physician   | 150.00                      | 150.00   |                                       |
| 4/12/2023     | Ravi Grivois-Shah<br>Tucson, AZ 85716   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | El Rio Medical Center<br>Physician  | 100.00                      | 100.00   |                                       |
| 4/12/2023     | Ramona Snipes<br>Pasadena CA 91105  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed  | 200.00                      | 200.00   |                                       |
| 4/12/2023     | Diana Shiba<br>La Canada CA 91011   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Southern CA Permanente<br>Medical Group<br>Physician  | 200.00                      | 200.00   |                                       |
| 4/13/2023     | Sion Roy<br>Malibu CA 90265   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | LA County<br>Physician  | 100.00                      | 100.00   |                                       |

**SUBTOTAL \$ 750.00**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ see p. 4
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ see p. 4
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** see p. 4

**\*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 (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b>    |
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NAME OF FILER  
**McDonald for School Board District 4 2023**

| DATE RECEIVED             | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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<br>Claremont, CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Claremont Unified School District<br>Teacher   | 100.00                      | 100.00  |                                    |
| 4/14/2023                 | Bridget Healy<br>Claremont, CA 91711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed   | 100.00                      | 100.00  |                                    |
| 4/14/2023                 | Christina Kelly<br>Fort Benning GA 31905  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Forward<br>Physician   | 200.00                      | 200.00  |                                    |
| 4/16/2023                 | Devesh Vashishtha<br>Seattle Washington 98118   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Family Health Ceners of San Diego<br>Family Physician  | 250                         | 250.00  |                                    |
| 4/18/2023                 | Steven Wang<br>Bakersfield CA 93311   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Southern California Permanente Medical Group<br>Physician                                      | 200.                        | 200.00  |                                    |
| <b>SUBTOTAL \$ 850.00</b> |   |   |  |                             |   |                                    |

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(other than PTY or SCC)  
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PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>McDonald for School Board District 4 2023</b> | I.D. NUMBER<br><b>1459619</b> |
|---|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 4/20/2023     | Darla Shepard<br>Yorba Linda CA 92887   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Southern California<br>Permenente Medical Group<br>Physician                                  | 100                         | 100.00  |                                    |
| 4/22/2023     | Christine Stark<br>Claremont, CA 91711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed  | 199                         | 199.00  |                                    |
| 4/28/2023     | Dr. Eric Hansen<br>Hesperia CA 92345  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed<br>Eric R Hansen DO<br>Professional Corporation                                 | 250                         | 250.00  |                                    |
| 4/28/2023     | Vincent Mason<br>Redwood City CA 94065  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br>Palo Alto Medical<br>Foundation  | 150                         | 150.00  |                                    |
| 4/28/2023     | Yushu Chou<br>San Marino CA 91108   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br>Southern California<br>Permanente Medical Group                                  | 500                         | 500.00  |                                    |

**SUBTOTAL \$ 1199**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ see p. 4
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ see p. 4
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** see p. 4

\*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 (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>9</u> of <u>18</u>   | I.D. NUMBER<br>1459619     |

NAME OF FILER  
McDonald for School Board District 4

| DATE RECEIVED          | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/1/2023               | Lance Lewis<br>Sacramento CA 95822  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | California Medical Association<br>Chief Operating Officer                                      | 150.00                      | 150.00  |                                    |
| 5/4/2023               | Joy Compton<br>Claremont, CA 91711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed   | 100.00                      | 100.00  |                                    |
| 5/16/2023              | Karen Rosenthal<br>Claremont CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed   | 250.00                      | 250.00  |                                    |
| 5/19/2023              | Moazzum Bajwa<br>Riverside, CA 92507  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed   | 150.00                      | 150.00  |                                    |
| 5/19/2023              | Joe Casillas<br>Claremont, CA   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br>Kaiser Permanente   | 100.00                      | 100.00  |                                    |
| <b>SUBTOTAL \$ 750</b> |   |   |  |                             |   |                                    |

\*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.

SCHEDULE A

|  |   |
|--|---|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>10</u> of <u>18</u> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>McDonald 4 School Board District 4</b> | I.D. NUMBER<br><b>1459619</b> |
|--|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 5/20/2023     | Sandra Hester<br>Claremont, CA 91711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed  | 100                         | 100.00   |                                       |
| 5/12/2023     | California Teachers' Association/Association for better citizenship<br>ID# 741941               | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | ID# 741941  | 750.00                      | 750.00   |                                       |
| 5/22/2023     | Democratic Club of Claremont<br>Claremont, CA 91711 ID 841491                                   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | ID# 841491  | 250.00                      | 250.00   |                                       |
| 5/22/2023     | Chris Naticchia<br>Claremont, CA 91711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Professor<br>California State University  | 100.00                      | 100.00   |                                       |
| 5/23/2023     | Barbara Barton<br>Claremont, CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed  | 100.00                      | 100.00   |                                       |

**SUBTOTAL \$ 1300.00**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ see p. 4
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ see p. 4
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** see p. 4

\*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 (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |   |
|--|---|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>11</u> of <u>18</u><br>I.D. NUMBER<br>1459619 |
|--|---|

NAME OF FILER  
**McDonald for School Board District 4**

| DATE RECEIVED          | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/23/2023              | Nora Quinn<br>Claremont, CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed   | 150.00                      | 150.00  |                                    |
| 5/24/2023              | Laurence Hoffmann<br>Ave<br>Claremont, CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed   | 150.00                      | 150.00  |                                    |
| 4/29/2023              | Emily Moultrie<br>Claremont, CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | business owner-Self Employed<br>Claremont Craft Ales   | 100.00                      | 100.00  |                                    |
| 5/2/2023               | Tom and Barbara Shelly<br>Claremont, CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 250.00                      | 250.00  |                                    |
| 4/19/2023              | Manuel Rivas<br>Claremont CA 91711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chemist,<br>Toyo Ink America   | 100.00                      | 100.00  |                                    |
| <b>SUBTOTAL \$ 750</b> |   |   |  |                             |   |                                    |

\*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.

SCHEDULE A

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>12</u> of <u>18</u> |

SEE INSTRUCTIONS ON REVERSE

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>McDonald for School Board District 4</b> | I.D. NUMBER<br><b>1459619</b> |
|--|-------------------------------|

| DATE RECEIVED             | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/2/2023                  | John and Linda Moore<br>Claremont, CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   |                                       |
| 6/4/2023                  | Neha Vaghasia<br>Pasadena CA 91107  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br>Kaiser Permanente  | 100.00                      | 100.00   |                                       |
|                           |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                           |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                           |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$ 200.00</b> |   |   |   |                             |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ see p. 4
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ see p. 4
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** see p. 4

\*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<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>13</u> of <u>18</u> |
| I.D. NUMBER<br><b>1459619</b>  |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

McDonald for School Board District 4 2023

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN           | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                     |
|---|---|--|------------------------------------|---|--|----------------------------------|--|---|
| Alex McDonald<br>Claremont, CA 91711<br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician<br>Southern California Permanente Medical Group                                     | \$ 0   | \$ 3158.07                         | <input type="checkbox"/> PAID<br>\$ 0<br><input checked="" type="checkbox"/> FORGIVEN<br>\$ 3158.07 | \$ 0   | 0 %<br>RATE                      | \$ 3158.07<br>4/10/2023<br>DATE INCURRED | CALENDAR YEAR<br>\$ 3158.07<br>PER ELECTION**<br>\$ 3158.07 |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____          | \$ _____<br>DATE DUE                               | _____%<br>RATE                   | \$ _____<br>DATE INCURRED                | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____     |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____          | \$ _____<br>DATE DUE                               | _____%<br>RATE                   | \$ _____<br>DATE INCURRED                | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____     |
| <b>SUBTOTALS</b> \$ _____ \$ _____ \$ _____ \$ _____  |   |  |                                    |   |  |                                  |  |   |

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

**Schedule B Summary**

- Loans received this period ..... \$ 3158.07  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 3158.07  
(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 \$ 0  
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 C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>14</u> of <u>18</u> |
| I.D. NUMBER<br>1459619   |                             |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

McDonald for School Board District 4 2023

| 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 OF GOODS OR SERVICES        | AMOUNT/ FAIR MARKET VALUE      | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|---|--------------------------------|---|------------------------------------|
| 5/25/2023     | Diamond Center<br>Claremont, CA 91711  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Paid for Ad in Claremont Courier        | 330.00                         | 1330.00   |                                    |
| 4/10/2023     | Alex McDonald<br>Claremont, CA 91711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br>Southern California<br>Permanente Medical                                     | Paid for Signs (\$2858.07);<br>campaign | \$3658.07<br>(Was \$3686-typo) | 3958.07   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |   |                                |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |   |                                |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 3988.07**

**Schedule C Summary**

|   |                         |
|---|-------------------------|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(Include all Schedule C subtotals.).....                                    | \$ 3988.07              |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....  | \$ 132.81               |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | <b>TOTAL \$ 4120.88</b> |

\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b>    |
|  | Page <u>15</u> of <u>18</u>   |
|  | I.D. NUMBER<br><b>1459619</b> |

SEE INSTRUCTIONS ON REVERSE

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>McDonald for School Board District 4</b> | I.D. NUMBER<br><b>1459619</b> |
|--|-------------------------------|

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT                     | AMOUNT PAID                  |
|---|---------|--|------------------------------|
| Signs.Com<br>Van Nuys, CA 91406                                     | CMP     | Yard signs-Amended: Reported on Schedule C | Was 2858.07<br>Corrected \$0 |
| Printing Works<br>Pomona, CA 91767                                  | LIT     |  | 2752.94                      |
| LA County Votes<br>Norwalk, CA 90650                                | FIL     | Ballot Statement-Reported on Schedule C    | Was 800.00<br>Corrected \$0  |

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

**SUBTOTAL \$ 2752.94**

**Schedule E Summary**

|  |                         |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule 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 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.) | <b>TOTAL \$ 5744.15</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2024</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>16</u> of <u>18</u> |
| I.D. NUMBER<br><b>1459619</b>  |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.                                  | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|---------|---|-------------|
| Claremont Courier<br>Claremont, CA 91711                            | PRT     | Amended: \$330 on Schedule C. Was \$913.00.                                 | 583.00      |
| Alex McDonald<br>Claremont, CA 91711                                |         | Reimbursement for webpage (\$96.73); County register (\$54.00)              | 150.73      |
| Emmie Johnson<br>, Roseville, CA 95747                              | WEB     | Reimbursement PDI (Political Data Intelligence)<br>PMB #992, Long Beach, CA | 583.00      |
| Facebook<br>Menlo Park, CA 94025-1452                               | WEB     |   | 111.92      |
| Kona Ice<br>N. Fontana  | CMP     |   | 340.00      |

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

**SUBTOTAL \$ 1768.65**

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |   |
|--|---|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>17</u> of <u>18</u> |
| I.D. NUMBER<br><b>1459619</b>  |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**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.                                  | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|---------|---|-------------|
| Image Concepts, Inc<br>Claremont, CA 91711                          | CMP     | Invoice 18969 (\$201.58) Invoice 18971 (97.13) Invoice 18970 (286.33) | \$585.04    |
| Paypal<br>San Jose, CA 95112  |         | Cumulative fees for using Paypal to collect donations.                | 450.07      |

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

**SUBTOTAL \$ 1035.11**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ see p. 14
- Unitemized payments made this period of under \$100..... \$ see p. 14
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ \_\_\_\_\_
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** see p. 14

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

Amounts may be rounded  
to whole dollars.

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>January 1, 2023</u><br>through <u>June 10, 2023</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>18</u> of <u>18</u> |
| I.D. NUMBER<br><b>1459619</b>  |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**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.                                  | 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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT    | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|------------------------------------|---|--|
| Alex McDonald<br>; Claremont, CA 91711                                 | Reimburse Signs<br>(2,858.07) and | 0.00  | 3658.07                            | 0   | 3658.07  |
| MailChimp<br>Atlanta, GA 30308   | WEB                               | 0.00  | 116.00                             | 0   | 116.00   |
|  |                                   |   |                                    |   |  |
| <b>SUBTOTALS \$ 0</b>  |                                   |   | <b>\$ 3774.07</b>                  | <b>\$ 0</b>                                       | <b>\$ 3774.07</b>                                  |

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

**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 \$ 3774.07**
- 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 \$ 0**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$ 3774.07**