Recipient Committee Campaign Statement Cover Page			RECEIVED IS ANGELES O	CAL BY F	COVER PAGE IFORNIA 460 ORM
	Statement covers period from 07-01-2020	Date of election if applicable: (Month, Day, Year)	(1) 01/19/202		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12-31-2020	11-06-2018	AMPAIGN FIN	ANCE	20 384
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
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 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain belo		Quarterly Stat	
3. Committee Information	I.D. NUMBER 1409499	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER	W-7		
Donna Georgino for TC School Board 2018		Donna Georgino MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	All control of the co	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Temple City	CA	91780	6262868637
	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	R, IF ANY		
Temple City CA 91 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	780 6262868637 BOX	Christopher Mitzel MAILING ADDRESS			
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Temple City	CA	91780	6262868637
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES			
donnageorgino@sbcglobal.net		0.000			
I. Verification				311-310-11-4	
I have used all reasonable diligence in preparing and review			erein and in the attac	ched schedules is	s true and complete. I
certify under penalty of perjury under the laws of the State	of California that the foregoing is tale and	d correct			
Executed on 01-16-2021	Ву		easurer		
Executed on 01-16-2021	Ву	1	onent or Responsible Office	er of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	te Measure Proponent		
Executed on	Ву	-			
Date	Бу	Signature of Controlling Officeholder, Candidate, Sta	te Measure Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFOR	NIA 460
Page 2	of 17

Officeholder or Candidate Controlled Comm	6.	Primarily Formed Ballo	ot Measure	Committee	•		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Donna Georgino for TC School Board 2018							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICTION SUI				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP						
, , , , , , , , , , , , , , , , , , , ,	Temple City CA 91780		Identify the controlling offic	eholder, cand	idate, or state	measure prope	onent, if any.
The first of the state of the s			NAME OF OFFICEHOLDER, CA	NDIDATE, OR	PROPONENT		
Related Committees Not Included in this St	atomont: //						
not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	FANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF THE LOUBER	LOONED OF COMMITTEES	7.	Primarily Formed Can	didate/Offic	eholder Co	ommittee Lis	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) for which this	s committee is	primarily forme	d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	T_
	. 2007						☐ SUPPORT
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
							OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	UGHT OR HELD	- COL
			NAME OF OFFICE POLICE OF	CANDIDATE	OFFICE SO	DOM ON NEED	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	
	YES NO						SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)						OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		Att	ach continuati	ion sheets if r	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07-01-2020	CALIFORNIA 460
through 12-31-2020	Page 3 of 17
	I.D. NUMBER
	1400400

Donna Georgino for TC School Board 18			1409499
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3	\$ \frac{0}{0} \\ \$ \fra	\$ \frac{0}{0} \\ \$ \fra	20. Contributions Received \$\$ 21. Expenditures Made \$\$ Expenditure Limit Summary for State Candidates
8. SUBTOTAL CASH PAYMENTS	\$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ \ \ \ \ \ \ \ \ \ \	\$ 0 0 0 0 \$ 0	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$\frac{546.36}{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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts	\$ <u>0</u> \$ <u>0</u>	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377

www.fppc.ca.gov

Schedule / Monetary (A Contributions Received		ts may be rounded whole dollars.	Statement co 07-01-2020	The state of the s	CALIFORNIA 460		
SEE INSTRUCTION	AS ON REVERSE			through 12-31-2	020	Page	4 of 17	
NAME OF FILER	no for TC School Board 2018					1.D. NU 140949	MBER	
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 CALENDAR (JAN. 1 - D	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$				
(Include all S	eived this period – itemized monetary contribution Schedule A subtotals.)				INI	(other t		
	eived this period – unitemized monetary contribut	tions of less than	\$100\$ <u>0</u>		PT	Y - Political		
	ary contributions received this period. I and 2. Enter here and on the Summary Page. C	Column A. Line 1	.)TOTAL \$ 0			FPPC	Form 460 (Jan/2016)	

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

	A (Continuation Sheet) Contributions Received	Amounts may to whole d		Statement co	1.3	CALIFORNIA 460 FORM Page 5 of 17	
				through 12-31-2	020		
Donna Georgino for TC School Board 2018						1.D. NUM 140949	MBER
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 CALENDAR (JAN. 1 - DI	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY					

SUBTOTAL \$ 0

□scc

*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	Am	to whole dollar			Statement coverage from 07-01-2020	-	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through 12-31-20	020	Page 6	of 17	
NAME OF FILER	7					-	I.D. NUMBER		
Donna Georgino for TC School Board 2018							1409499		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAIL OR FORGIVE THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
				PAID \$ FORGIVEN	\$		s	\$PER ELECTION **	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	1	
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$ PAID \$ PAID	\$DATE DUE	RATE \$	\$DATE INCURRED	\$ PER ELECTION** \$ CALENDAR YEAR	
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$ FORGIVEN	SDATE DUE	RATE \$	\$DATE INCURRED	PER ELECTION **	
	8	SUBTOTALS \$	0 4	6 0	\$ 0	\$ 0			
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period	s of less than \$100.)			0		ſ	†Contributor Codes		
(Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Lin Enter the net here and on the Summan	t are also itemized on Sche e 2 from Line 1.)						COM - Recipient C (other than OTH - Other (e.g., PTY - Political Part SCC - Small Contri	PTY or SCC) business entity) ty	
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.)		(A	fay be a negative number)				

** If required.

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

Schedule B - Part 2 Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. from <u>07-01-2020</u> **Loan Guarantors** FORM through 12-31-2020 Page 7 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Donna Georgino for TC School Board 2018 1409499 FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER **AMOUNT** BALANCE CONTRIBUTOR **CUMULATIVE** OCCUPATION AND EMPLOYER GUARANTEED CONTRIBUTOR LOAN OUTSTANDING CODE* TO DATE (IF SELF-EMPLOYED, ENTER THIS PERIOD TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) LENDER CALENDAR YEAR ☐ IND □ сом

Schedule C			Amounts may be rounded						SCHEDULE C
The second secon	tary Contributions Received		to whole dollars.		fron	07-01-2020	period	CALIFO	DRNIA 460
SEE INSTRUCTIO	INS ON REVERSE				thro	ugh 12-31-2020		Page 8	of 17
NAME OF FILER	THO OTHER PRINCE							I.D. NUMB	ER
Donna Georgi	no for TC School Board 2018							1409499	
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)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		OTH SCC							
		OTH SCC							
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$	0			
Amount red (Include all	Summary ceived this period – itemized nonmoneta Schedule C subtotals.)						OTI	H - Other (e.g	t Committee an PTY or SCC) g., business entity)
3. Total nonm	onetary contributions received this perion 1 and 2. Enter here and on the Summar	d						C – Small Co	ntributor Committee

pporti	y of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be rou to whole dollars		from 07-01-2020		FOR	FORM 460	
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	IONS ON REVERSE			through 12-31-202	20	Page 9	of	
E OF FILER nna Georg	gino for TC School Board 2018					1.D. NUMB 1409499		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -		PER ELECTIO TO DATE (IF REQUIRED)	
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent						
	Support Oppose Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTA	L \$ 0				
temized o	D Summary contributions and independent expenditures maded contributions and independent expenditures in			하는 사람들은 선생님은 살아 있는 것이 하면서 하는 것이다면 보고 하고 있습니다.				

Summary Supporti	e D ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be re to whole dolla		Statement covers period from 07-01-2020 through 12-31-2020		CALIFORNIA 460 FORM Page 10 of 17	
NAME OF FILER		***	177			I.D. NUMB	ER
Donna Georg	ino for TC School Board 2018				1	1409499	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
		☐ Monetary Contribution ☐ Nonmonetary					
		Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		☐ Monetary Contribution ☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					

syments Made Amounts may be rounded to whole dollars. Statement covers period from 07-01-2020			FORM 460		
SEE INSTRUCTIONS ON REVERSE					
NAME OF FILER	Page 11 of 17				
Donna Georgino for TC School Board 2018	1409499				
CODES: If one of the following codes accurately described and the following codes accurately described and the following codes accurately described accurate	MBR member color meetings ar OFC office exper PET petition circle PHO phone bank POL polling and postage, de	mmunications nd appearances nses ulating	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and proceed TRS staff/spouse travel, lodging, a staff/spouse travel, lodging transfer between committee	on costs s oduction costs and meals g, and meals sees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
* Payments that are contributions or independent expenditures must also	be summarized on Sch	edule D.	S	SUBTOTAL \$ 0	
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedu	ule E subtotals.)			\$	
2. Unitemized payments made this period of under \$100				0	
3. Total interest paid this period on loans. (Enter amount from					
4 Total payments made this period (Add Lines 1.2 and 3.				OTAL \$ 0	

SCHEDULE E

Schedule E (Continuation Sheet) Payments Made		Amounts may be rounded to whole dollars.			t covers period		RNIA 460
SEE INSTRUCTIONS ON REVERSE				through 12	31-2020	Page 1	2 of <u>17</u>
NAME OF FILER Donna Georgino for TC School Board 2018						1.D. NUME 1409499	BER
CODES: If one of the following codes accurately decomposition of the following codes accurately decomposition (explain nonmonetary)* contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising 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 postage, deliv	munications d appearances es ating	services	RAD radio a RFD returns SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe VOT voter r	airtime and production ed contributions aign workers' salaries cable airtime and product ate travel, lodging, and couse travel, lodging, ar between committee	duction costs id meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF P	AYMENT		AMOUNT PAID

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

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hedule F crued Expenses (Unpaid Bills) Amounts may be rounded to whole dollars.		Statement coverage from 07-01-2020		CALIFORNIA 460	
			through 12-31-20)20	ge 13 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			1	- International Control	NUMBER
Donna Georgino for TC School Board 2018		9499			
CODES: If one of the following codes accurately described ampaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (PRT print ads	ons nces earch messenger services	RAD radio airtime ar RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	nd production costs butions kers' salaries time and production co al, lodging, and meals avel, lodging, and meal en committees of the si	s ame 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	0 1	5 0	\$ 0
Schedule F Summary					
Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized.)	Schedule F, Column (b) su d accrued expenses under	btotals for \$100.)	INCU	RRED TOTALS	0
Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized.)	nedule F, Column (c) subto	tals for payments on enses under \$100.).		.PAID TOTALS	0
3. Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)	nter the difference here and	i			0
, , , , , , , , , , , , , , , , , , , ,				FI	May be a negative number PPC Form 460 (Jan/2016)) pc.ca.gov (866/275-3772)

Schedule F	Amounts may be rounded	SCHEDULE F (COR				
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from 07-01-2020	FORM 460			
,		through 12-31-2020	Page 14 of 17			
NAME OF FILER			I.D. NUMBER			

00	DES. If one of the following codes accurately describe	5 1110	payment, you may enter the code.	Otherwise,	describe the payment.
CMF	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	fundralsing 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)

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

Donna Georgino for TC School Board 2018

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
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

1409499

Schedule G	
Payments N	Made by an Agent or Independent
Contractor	(on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period from 07-01-2020 through 12-31-2020	CALIFORNIA 460
	Page 15 of 17
	I.D. NUMBER 1409499

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Donna Georgino for TC School Board 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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 MTG meetings and appearances CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations PET petition circulating FIL candidate filing/ballot fees PHO phone banks FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) campaign literature and mailings PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor

VOT voter registration
WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE H
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period from 07-01-2020		CALIFORNIA 460 FORM Page 16 of 17	
Donna Georgino for TC School Board 2018							1409499	
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) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENESS THIS PERIOD	BALANCEAL	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$	s	PAID FORGIVEN S	\$DATE DUE	RATE \$	\$DATE INCURRED	\$ PER ELECTION**
		\$	\$	PAID S FORGIVEN \$	\$	% RATE	\$DATE INCURRED	\$ PER ELECTION**
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0		
Schedule H Summary 1. Loans made this period					\$	(Enter (e) on Schedule I, Line 3)		
(Total Column (b) plus unitemized loan 2. Payments received on loans (Total Column (c) plus unitemized payr 3. Net change this period. (Subtract Line (Enter the net here and on the Summa	s of less than \$100.) ments of less than \$100.) 2 from Line 1.)				\$. L	**If Required

(May be a negative number)

Schedule I Miscellaneous	Increases to Cash	Amounts may be to whole dol		Statement covers period from 07-01-2020	CALIFORNIA 460
				through 12-31-2020	Page 17 of 17
SEE INSTRUCTIONS ON F NAME OF FILER	REVERSE				I.D. NUMBER
Donna Georgino for T	TC School Board 2018				1409499
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		1,000		V-100	
Attach additional in	formation on appropriately labeled continuation sheets.			SUBTOTA	L\$ 0
Schedule Sum	mary				
1. Itemized increase	es to cash this period.			\$	
2. Unitemized increa	ases to cash of under \$100 this period			\$_0	_
3. Total of all interes	t received this period on loans made to others. (Se	chedule H, Column	(e).)	\$_0	_
4. Total miscellaneou	us increases to cash this period. (Add Lines 1, 2, a Line 14.)	and 3. Enter here a	nd on the	0	FPPC Form 460 (Jan/2016))