Recipient Committee		·	Date Stamp		218-1 COVER PAGE
Campaign Statement Cover Page			Date Stamp		ALIFORNIA 460
	Statement covers period from 07-01-2022	Date of election if applicable: (Month, Day, Year) 11-06-2022	,	2023 JUL	Get AVED B of 17 FOR OFFICE OF
EE INSTRUCTIONS ON REVERSE	through <u>09-24-2022</u>			CAMPAI	CN THANCE URE SECTION
. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		miser os	URE SECTION
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	rimarily Formed Ballot Measure committee Controlled Sponsored lsö Complete Part 6) rimarily Formed Candidate/ ifficeholder Committee iso Complete Part 7)	✓ Preelection Statement  Semi-annual Statement  Termination Statement (Also file a Form 410 Termination)  Amendment (Explain below	nation)	_ Quarterry	Statement dd-Year Report
	NUMBER 109499	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Donna Georgino for TC School Board 2018		Donna Georgino MAILING ADDRESS			·
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Temple City	CA	91780	6262868637
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER,	IF ANY		
Temple City CA 91780 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Christopher Mitzel MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	·	Temple City	CA	91780	6262868637
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
donnageorgino@sbcglobal.net  Verification					
i have used all reasonable diligence in preparing and reviewing	ng this statement and to the best of my	knowledge the information contained her	rein and in the attac	hed schedule	es is true and complete.
certify under penalty of perjury under the laws of the State of	_				is the date of the complete.
Executed on 09-24-2022	Ву	or Assistant Trea	surer		·
Executed on 09-24-2022 7 - 200 000	Ву	Measure Propone	ent or Responsible Office	r of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent		EDDC Form 460 (lan /2016))

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

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE
of covers period CALIFORNIA (CO

www.fppc.ca.gov

Statement covers period from 07-01-2022	california 460
through 09-24-2022	Page 3 of 17
	I.D. NUMBER
	1409499

NAME OF FILER Donna Georgino for TC School Board 2018			1.D. NUMBER 1409499
Contributions Received  1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ \frac{0}{0} \$ \frac{0}{0} \$ \$ \frac{0}{0} \$ \$ \frac{0}{0}	**Example	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 \$ \$
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  8. Schedule F, Line 3  11. TOTAL EXPENDITURES MADE  Add Lines 8 + 9 + 10	\$\frac{396.36}{0}\$ \$\frac{396.36}{0}\$ \$\frac{0}{0}\$ \$\frac{396.36}{396.36}\$	\$\frac{446.36}{0}\$ \$\frac{446.36}{0}\$ \frac{0}{0}\$ \$\frac{446.36}{446.36}\$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy) /\$
Current Cash Statement  12. Beginning Cash Balance	\$\frac{396.36}{0} \\ \frac{0}{396.36} \\ \frac{0}{0} \\ \frac{396.36}{0} \\ \frac{0}{0} \\ \frac	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.  FPPC Form 460 (Jan/2016)
10. Callerian 2 Personalitim Market Processing addition	T		FPPC Advice: advice@fnnc ca gov (866/275-377

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may b to whole do		Statement covers period from 07-01-2022 through 09-24-2022	CALIFORNIA 460 FORM Page 11 of 17 I.D. NUMBER
Donna Georgino for TC School Board 2018				1409499
CODES: If one of the following codes accurately de  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND Independent expenditure supporting/opposing others (explain)  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearances es ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, at Staff/spouse travel, lodging.	n costs duction costs nd meals , and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Temple City High School Ramrodder Booster Club		Membership	p for 2022/23 School Year	\$100
Temple City, CA 91780				
Temple City Council PTA		Donation to	Scholarship Fund	\$183.36
Temple City, CA 91789				
Temple City Schools Performing Arts Boosters		Membershi	p for 2022/23 School Year	\$100
Temple City, CA 91780				

Schedule E Summary

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

**SUBTOTAL \$**