							COVER PAGE
Recipient Committee Campaign Statement Cover Page					Pate Stamp	VEN P	orm 460
			Statement covers period 01-01-2022	Date of election if applicable: (Month, Day, Year)	05 ANGEL 007 19/20 2022 JUL 21	AMII: 35	of 17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE		throu	ugh <u>06-30-2022</u>	11-06-2018	CAMPAIGN		
1. Type of Recipient Committee	ee: All Committees - 0	omplete F	Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Control State Candidate Election Co Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	ommittee	Committe Cont Spor (Also Comple	trolled nsored to Part 6) / Formed Candidate/ Ider Committee	Preelection Statement Semi-annual Statement Termination Statemen (Also file a Form 410 The Amendment (Explain is	nt t Fermination)	Quarterly Sta	tement Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S Donna Georgino for TC School	NAME IF NO COMMITTEE	1.D. NUMB 1409499		Treasurer(s) NAME OF TREASURER Donna Georgino MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Temple City	CA	91780	6262868637
СІТҮ	STATE ZIP	CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
Temple City MAILING ADDRESS (IF DIFFERENT) NO	CA 917 D, AND STREET OR P.O. B		6262868637	Christopher Mitzel MAILING ADDRESS			
CITY	STATE ZIP	CODE	AREA CODE/PHONE	CITY Temple City	STATE CA	ZIP CODE 91780	AREA CODE/PHONE 6262868637
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDR		31/00	0202000031
donnageorgino@sbcglobal.net							
 Verification I have used all reasonable diligence certify under penalty of perjury under 		_	-	knowledge the Information containe	d herein and in the atta	ched schedules is	s true and complete. I
Executed on 07-20-2022	ate		By _	ita	nt Treasurer		
Executed on 07-20-2022	ite		Ву _		roponent or Responsible Office	ar of Sponsor	

Signature of Controlling Officeholder, Candidate, State Measure Proponant

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Executed on _

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

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page _2 o	f_17

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE	·		NAME OF BALLOT MEASURE			
Donna Georgino for TC School Board 2018						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
Temple City USD Governing Board						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CH	TY STATE ZIP Cemple City CA 91780		Identify the controlling officeh	older, candid	ate, or state measure p	proponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PE	ROPONENT	
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7	Primarily Formed Candid	date/Office	holder Committee	List sames of
NAME OF TREASURER	CONTROLLED COMMITTEE?	,,	officeholder(s) or candidate(s) for	or which this d	committee is primarily fo	rmed.
	YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	ELD T
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	OX)		NAME OF OFFICEROLDER OR O	ANDIDATE	OFFICE SOUGHT ON H	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	-	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	OX)				L	OPPOSE
CITY STATE ZIP C	DDE AREA CODE/PHONE		Attac	h continuatio	n sheets If necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

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NAME OF FILER Donna Georgino for TC School Board 2018 1409499 **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and **General Elections** 1. Monetary Contributions...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 0 2. Loans Received...... Schedule B. Line 3 20. Contributions 0 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 50 50 6. Payments Made...... Schedule E, Line 4 **Candidates** O 0 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 50 50 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 50 **Current Cash Statement** 496.36 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 0 13. Cash Receipts Column A, Line 3 above add amounts in Column A to the corresponding 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. 50 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 446.36 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 17. LOAN GUARANTEES RECEIVED...... Schedule B, Pert 2 \$ 0filed for this calendar year. only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A		Amoun to	ts may be rounded whole dollars.	Statement cov	vere period	SCHEDULE A		
Monetary C	Contributions Received		•	from 01-01-2022	-	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through <u>06-30-20</u>	22	Page	4 of	
NAME OF FILER Donna Georgin	no for TC School Board 2018					1.D. NU 140949	JMBER 19	
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 T CALENDAR \ (JAN. 1 - DEC	ÆAR	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 8 2. Amount reco	eived this period – itemized monetary contribution Schedule A subtotals.)	ions of less than	n \$100\$ <u>0</u>		IND COM OTH PTY	(other I – Other I – Politica I – Small	ual ient Committee than PTY or SCC) (e.g., business entity) al Party Contributor Committee	
(Add Lilles	1 and 2. Enter here and on the Summary Page, C	, LIII 1	./	F	PPC Advice: adv		C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov	

	A (Continuation Sheet) Contributions Received	Amounts may to whole o	be rounded dollars.	Statement cov from 01-01-2022 through 06-30-20		CALIFORNIA 460 FORM 5 of 17		
NAME OF FILER				through		I.D. NUM		
	no for TC School Board 2018					1409499		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	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 \$ 0

*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

•							SCHE	OULE B - PART 1
Schedule B – Part 1	Ame	ounts may be rou to whole dollars		Γ	Statement cov	ers period		
oans Received					from 01-01-2022		_ FORM	^{11A} 460
EE INSTRUCTIONS ON REVERSE					through <u>06-30-2</u>	022	Page <u>6</u>	of <u>17</u>
IAME OF FILER				·			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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTERES PAID THIS PERIOD	S AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS TO DATE
	TATALL OF ECONIZED,	LINOB		PAID	PERIOD			CALENDAR YEAR
				\$	\$	%	s	\$
				☐ FORGIVEN		RATE		PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$ <u> </u>	\$	DATE DUE	\$	DATE INCURRED	\$
		1		PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$
		1		FORGIVEN				PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	3.	\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	% RATE	\$	\$
				FORGIVEN		10112		PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS \$	\$;	\$	\$		
Schedule B Summary		· · · · ·				(Enter (e) on So	chedule E, Line 3)	
Loans received this period				s 0				
(Total Column (b) plus unitemized loan	ns of less than \$100.)			0		· •	†Contributor Codes	,
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 				\$ —			IND - Individual	

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

(May be a negative number)

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PTY - Political Party

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

		Amazanta masa ba masa da d				SCHEDULE B - PART 2			
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			ement covers period -01-2022			NIA 160	
EEE INSTRUCȚIONS ON REVERSE				through	06-30-2022	[Page 7	of <u>17</u>	
IAME OF FILER Donna Georgino for TC School Board 2018						- 1	I.D. NUMBER 1409499		
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD		MULATIVE O DATE	BALANCE OUTSTANDING TO DATE	
	□IND □COM		LENDER			CALE	NDAR YEAR		
	□ OTH □ PTY □ SCC	DATE				PER (IF I	ELECTION REQUIRED)		
	□IND		LENDER			CALE	NDAR YEAR		
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE			PER (IF F	ELECTION REQUIRED)		
			LENDER			\$	NDAR YEAR		
	☐ IND ☐ COM					\$			
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)			
	□IND		LENDER			CALE	NDAR YEAR		
	□сом □отн					\$			
	□PTY □SCC		DATE			PER (IF F	ELECTION REQUIRED)		
			SUE	TOTAL	\$ 0	Sum	Enter on Imary Page, ne 17 only.		

Schedule Nonmone	e C etary Contributions Received		Amounts may be rounded to whole dollars.	[S	statement covers i	CALIFORNIA 460			
SEE INSTRUCTION	ONS ON REVERSE				thro	ugh <u>06-30-2022</u>		Page 8	of	
NAME OF FILER								I.D. NUMBER 1409499		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES		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								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
	ional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	3				
1. Amount re (Include a	C Summary eceived this period – itemized nonmonetar Il Schedule C subtotals.)				\$ <u>0</u>		IND COI OTH	other th I – Other (e. ' – Political F	nt Committee an PTY or SCC) g., business entity)	
3. Total nonn (Add Lines	nonetary contributions received this periods 1 and 2. Enter here and on the Summar	d. y Page, Colur	mn A, Lines 4 and 10.)	ТОТА	L \$ _	<u>.</u>	_		over 460 (lon/2016))	

FPPC Form 460 (Jan/2016))

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Supporti	e D y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be to whole doll		Statement cover from 01-01-2022	s period	CALIFORNIA 460		
SÉE INSTRUCT	IONS ON REVERSE			through <u>06-30-202</u>	2	Page	of	
NAME OF FILER Donna Georg	gino for TC School Board 2018					1.D. NUME 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 - I	RYEAR	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						
			SUBTOTAL	\$ 0				
Schedule	D Summary		-					
	contributions and independent expenditures made	e this period. (Include	e all Schedule D subtotals.).			\$_0		
	ed contributions and independent expenditures m		_			۸		
	tributions and independent expenditures made thi	·				^		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole d	oe rounded ollars.	Statement cover from $\frac{01-01-2022}{\text{through}}$	SCHEDULE D (CON CALIFORNIA 460 FORM of 17 I.D. NUMBER		
Donna Georg	gino for TC School Board 2018					140949	
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 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Support Dopose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent					
	Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary					
	☐ Support ☐ Oppose	Contribution Independent Expenditure					

SUBTOTAL \$ 0

Schedule E Payments Made	Amounts may k to whole d				Statement covers pe	CALII	CALIFORNIA 460	
1 dylliolio liidae					from <u>01-01-2022</u>			
SEE INSTRUCTIONS ON REVERSE					through <u>06-30-2022</u>	Page _	11 of 17	
NAME OF FILER						I.D. NUI	MBER	
Donna Georgino for TC School Board 2018						14094	99	
CODES: If one of the following codes accurately described accurately des	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance ses lating urvey resea	s es rch		RAD radio airtime and properties of the pay radio airtime and properties of the pay returned contribution SAL campaign workers's TEL t.v. or cable airtime TRC candidate travel, located travel, located travel, ransfer between convoter registration were information technological pays and pays and pays are the pays and pays are the pays and pays and pays are the p	oduction costs ns salaries and production cost dging, and meals lodging, and meals ommittees of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID	
				·				
* Payments that are contributions or independent expenditures must also be	oe summarized on Scho	edule D.				SUBTOTAL	\$ 0	
Schedule E Summary								
 Itemized payments made this period. (Include all Schedu Unitemized payments made this period of under \$100 								
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	rt 1, Colur	nn (e).)			\$ <u>-</u>)	
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Sum	mary Page, C	olumn A	, Line 6.)	TOTAL \$ 🕹	50	

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Donna Georgino for TC School Board 2018	on reverse					CALIFO	12 of 17
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC 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 st POS postage, deliv	munication I appearances ating urvey resea	s ces ırch	RA RA TE TA TA TS VO	e, describe the paymer radio airtime and product returned contributions L campaign workers' salarie L t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodging transfer between committ over registration EB information technology co	on costs s roduction costs and meals g, and meals ees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIF	PTION OF PAYMENT		AMOUNT PAID

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

		F	

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Schedule F Accrued Expenses (Unpaid Bills)	Statement coverage from 01-01-2022	ers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE			through <u>06-30-20</u>	22	Page 13 of 17	
NAME OF FILER					I.D. NUMBE	R
Donna Georgino for TC School Board 2018					1409499	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	therwise, describe the payment. RAD RFD RFD SAL TEL TRC TRC TRC TRC TRS TRS TRS TRS TRS TRS TSF TSF TVOT WEB RFD radio airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sy voter registration WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT F THIS PER (ALSO REPORT	IOD BA	(d) OUTSTANDING ALANCE AT CLOSE OF THIS PERIOD
		:				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 0	0	\$ 0	
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all Seaccrued expenses of \$100 or more, plus total uniternized at a contract the seacce of \$100 or more.) 	chedule F, Column (b) su accrued expenses under 9	btotals for \$100.)	INCU	RRED TOTA	ALS \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	dule F, Column (c) subtoto payments on accrued exp	als for payments on enses under \$100.).		PAID TOTA	ALS \$	
3. Net change this period. (Subtract Line 2 from Line 1. Ento on the Summary Page, Column A, Line 9.)	er the difference here and			I	NET \$	
					FPPC Fo	e a negative number rm 460 (Jan/2016)) gov (866/275-3772)

SCHEDULE F	(CONT.)

Schedule	F		
(Continu	ation Shee	t)	
Accrued	Expenses	(Unpaid	Bills)

Donna Georgino for TC School Board 2018

NAME OF FILER

Amounts may be rounded to whole dollars.

	, 00,,200,1,1,
Statement covers period from 01-01-2022	CALIFORNIA 460
through <u>06-30-2022</u>	Page 14 of 17
	I.D. NUMBER 1409499

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
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
		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		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
	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.

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 :	<u> </u> \$ 0	\$ 0	\$ 0	\$ 0

Schedule G							SCHEDULE
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	t Amour to	Amounts may be rounded to whole dollars.			Statement covers period from 01-01-2022		PRNIA 460
SEE INSTRUCTIONS ON REVERSE				th	rough <u>06-30-2022</u>	Page 15	of
NAME OF FILER Donna Georgino for TC School Board 2018						I.D. NUMB 1409499	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						·	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MBR member co MTG meetings a OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professione PRT print ads	mmunication appearanses sulating ses survey reselivery and al services (ons inces earch messenger service	RAD RFD SAL TEL TRO TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and proc candidate travel, lodging, an staff/spouse travel, lodging,	duction costs and meals and meals s of the same of	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON 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			mounts may be rounded Statement cov			ment covers period		11A 460	
Loans Made to Others*		to wno	ie dollars.	from 01-01-2022			FORM +OO		
					through 06-30-20	122	16	17	
SEE INSTRUCTIONS ON REVERSE					through		Page 16	of <u>17</u>	
NAME OF FILER							I.D. NUMBER	•	
Donna Georgino for TC School Board 2018							1409499		
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) R OUTSTANDING	(e)	(f)	(g)	
OF RECIPIENT	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT LOANED THIS	REPAYMENT O FORGIVENESS	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF	CUMULATIVE LOANS	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD	RECEIVED	LOAN	TO DATE	
·				☐ PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
				☐ FORGIVEN		RATE		PER ELECTION**	
								T LIVE ELECTION	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				LI PAID					
				\$	\$	RATE	\$	\$	
				FORGIVEN				PER ELECTION**	
		\$	\$	\$		\$		\$	
					DATE DUE		DATE INCURRED		
*Loans that are contributions to another candidate o also be summarized on Schedule D. Loans forgiven	must also he								
reported on Schedule E.	. Madi didd dd	SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0			
						(Enter (e) on			
						Schedule I, Line 3)			
Schedule H Summary					. 0				
1. Loans made this period					\$ —		Г		
(Total Column (b) plus unitemized loans	of less than \$100.)				. 0			**If Required	
2. Payments received on loans					\$		L		
(Total Column (c) plus unitemized paym 3. Net change this period. (Subtract Line 2	from Line 1)				NET \$ 0				
(Enter the net here and on the Summar			• • • • • • • • • • • • • • • • • • • •	******************					

(May be a negative number)