

**Recipient Committee
Campaign Statement
Cover Page**

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 2023 JUL 26 PM 2:36
CAMPAIGN FINANCE DISCLOSURE SECTION

CALIFORNIA 460 FORM

Page 1 of 4

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Statement covers period
 from 01/01/2023
 through 06/30/2023

Date of election if applicable:
 (Month, Day, Year)
11/08/2022

SEE INSTRUCTIONS ON REVERSE

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

3. Committee Information

I.D. NUMBER
1446663

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Malone for PUSD School Board 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Altadena CA 91001 626 893 0787

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
William Malone

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Altadena CA 91001 626 893 0787

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 fore:

Executed on 7/23/2023

 Date

By _____

Executed on _____

 Date

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

 Date

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

 Date

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
William (Billy) Malone

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Pasadena Unified School Board Member, District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Altadena CA 91001

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? <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? <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 <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 <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <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 from <u>01/01/2023</u> through <u>06/30/2023</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>4</u> |
| | I.D. NUMBER 1446663 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Malone for PUSD School Board 2022

Contributions Received

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

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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>295.76</u> | \$ <u>295.76</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | | |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>295.76</u> | \$ <u>295.76</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | | |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | | |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>295.76</u> | \$ <u>295.76</u> |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
|--|---------------|
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>295.76</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>295.76</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>0</u> |

If this is a termination statement, Line 16 must be zero.

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.

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>0</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0</u> |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|----------------------------|
| Statement covers period from <u>01/01/2023</u> through <u>01/01/2023</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>4</u> |
| I.D. NUMBER 1446663 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Malone for PUSD School Board 2022

| 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) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 06/06/2023 | Kathryn Barger for Supervisor 2024 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 295.76 | 295.76 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 295.76 | | |

Schedule D Summary

| | |
|---|---------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... | \$ 295.76 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100..... | \$ |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... | TOTAL .. \$ 295.76 |

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or | Date qualification threshold met | Date of termination |
| <input type="radio"/> Date qualification threshold met | ____/____/____ | 06 / 30 / 2023 |

| | |
|---|---|
| RECEIVED BY LOS ANGELES CO 2023 JUL 26 PM 2:36 7/24/23 CAMPAIGN FINANCE DISCLOSURE SECTION | CALIFORNIA FORM 410 For Official Use Only 019598 C11736 |
|---|---|

| 1. Committee Information | | | | I.D. Number 1446663 <small>(if applicable)</small> | | | | 2. Treasurer and Other Principal Officers | | | |
|--|--|--|--|---|--|--------------------|--|---|--|-----------------|--|
| NAME OF COMMITTEE Malone for PUSD School Board 2022 | | | | NAME OF TREASURER William Malone | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY Altadena | | STATE CA | | ZIP CODE 91001 | | AREA CODE/PHONE | |
| CITY Altadena | | STATE CA | | ZIP CODE 91001 | | AREA CODE/PHONE | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ban1997@sbcglobal.net | | | | NAME OF PRINCIPAL OFFICER(S) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| COUNTY OF DOMICILE Los Angeles | | JURISDICTION WHERE COMMITTEE IS ACTIVE | | CITY STATE ZIP CODE AREA CODE/PHONE | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| 3. Verification | | | | | | | | | | | |

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 07/23/2023 By _____
DATE

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT