

0547

RECEIVED BY
LOS ANGELES COUNTY

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER McDonald for School Board District 4 2023		Date of This Filing 7/25/2023	Date Stamp JUL 25 PM 4:36	CALIFORNIA FORM 497 For Official Use Only 021594 C11889
AREA CODE/PHONE NUMBER 909-686-1559	I.D. NUMBER (if applicable) 1459619	Report No. 2	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1/1	
CITY Claremont	STATE CA	ZIP CODE 91711		

1. Contribution(s) Received

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
7/24/2023	California Permanente Medical Groups PAC ID #992303 , Oakland CA 94612	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide Interest rate

Reason for Amendment: _____

* 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