COVER PAGE

Recipient Committee Campaign Statement

Recipient Committee Campaign Statement Cover Page					IFORNIA 460
	Statement covers period from 1/1/21	Date of election if applicable: (Month, Day, Year)	2021 FEB -2 CAMPAIG		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>2/1/21</u>				
1. Type of Recipient Committee: All Committee	s - 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 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terr Amendment (Explain belo	mination) ow)	Quarterly Stall Special Odd-	
3. Committee Information	I.D. NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMI	TTEE)	NAME OF TREASURER			
Chris Naticchia for Claremont School Board	d 2020	Milhaela Popescu Mailing Address			
STREET ADDRESS (NO P.O. BOX)		Claremont	STATE	21P CODE 91711	AREA CODE/PHONE 909-344-0651
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	R, IF ANY		
Claremont CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P	91711 909-624-7511 O. BOX	MAILING ADDRESS			
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Claremont CA OPTIONAL: FAX / E-MAIL ADDRESS	91711	OPTIONAL: FAX / E-MAIL ADDRES	s		
4. Verification			360	- 9	
I have used all reasonable diligence in preparing and re certify under penalty of perjury under the laws of the St			n the attac	ched schedules is	s true and complete. I
Executed on 1/31/21	Ву				
Executed on 1/31/21	By ————————————————————————————————————		onsible Office	r of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ite Measure Proponent		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	ite Measure Proponent		

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIFOR	1 460					
Page 2	of 17					

NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Chris Naticchia									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER I	F APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	-	SUPPORT
Claremont Unified School District Board of	f Education							_	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY	STATE	ZIP		S 19/4000	* ***			
	Claremont,	CA	91711	Identify the controlling officeholder, candidate, or state measure proponent, if any					nent, if any.
	•				NAME OF OFFICEHOLDER, CA	ANDIDATE, OR	PROPONENT		
Related Committees Not Included in this	Statement:								
not included in this statement that are controlled by y					OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
contributions or make expenditures on behalf of you	r candidacy.								
COMMITTEE NAME	I.D. NUMBER								
ACT ACT OF THE STATE OF THE STA									
	~								
	~								
NAME OF TREASURER	CONTROLLE	D COMMI	ITTEE?	7.	Primarily Formed Can	didate/Offic	eholder Co	ommittee List	t names of
IAME OF TREASURER	CONTROLLE	D COMMI			officeholder(s) or candidate(s	) for which this	committee is	primarily formed	t names of
	☐ YES				Primarily Formed Can officeholder(s) or candidate(s	) for which this	committee is	ommittee Lis primarily formed	i. 
	☐ YES				officeholder(s) or candidate(s	) for which this	committee is	primarily formed	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO	YES P.O. BOX)	□ NO			officeholder(s) or candidate(s	c) for which this	OFFICE SO	primarily formed	i. 
COMMITTEE ADDRESS STREET ADDRESS (NO	YES P.O. BOX)	□ NO	)		officeholder(s) or candidate(s	c) for which this	OFFICE SO	primarily formed	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO	YES P.O. BOX)	□ NO	)		officeholder(s) or candidate(s	c) for which this	OFFICE SO	primarily formed	SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	YES P.O. BOX)	□ NO	)		officeholder(s) or candidate(s	CANDIDATE	OFFICE SOI	primarily formed	SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	YES P.O. BOX)	□ NO	)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOI	primarily formed UGHT OR HELD UGHT OR HELD	SUPPOR OPPOSE SUPPOR SUPPOR
	YES P.O. BOX)	□ NO	DE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOIL	Primarily formed UGHT OR HELD UGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO CITY STATE	ZIP CODE  I.D. NUMBER  CONTROLLE	□ NO	DE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOIL	primarily formed UGHT OR HELD UGHT OR HELD	SUPPOR OPPOSE SUPPOR SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO CITY STATE  COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBER  CONTROLLE  YES	□ NO	DE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOIL	Primarily formed UGHT OR HELD UGHT OR HELD	SUPPOR OPPOSE SUPPOR SUPPOR OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO STATE STATE	I.D. NUMBER  CONTROLLE  YES	□ NO	DE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOIL	Primarily formed UGHT OR HELD UGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars

SUMMARY PAGE

Summary Page	to whole donars.	State from 1/1	ment covers period /21	FORM 460		
EE INSTRUCTIONS ON REVERSE		through_	2/1/21	Page 3 of 18		
EE INSTRUCTIONS ON REVERSE  AME OF FILER				I.D. NUMBER		
Chris Naticchia for Claremont School Board 2020				1420857		
Contributions Received	Column A	Column B		mmary for Candidates		

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			
Monetary Contributions	\$ 0.	.00	\$	0.00				
2. Loans Received		00.00	(1)	100.00	1/1 through 6/30 7/1 to Date			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 10	00.00	\$	100.00	20. Contributions Received \$\$			
4. Nonmonetary Contributions		.00		0.00	21. Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 10	00.00	\$	100.00	Made \$ \$			
Expenditures Made					Expenditure Limit Summary for State			
6. Payments Made Schedule E, Line 4	\$ 10	00.00	\$	100.00	Candidates			
7. Loans Made Schedule H, Line 3	0.	.00		0.00				
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ _10	00.00	\$	100.00	<ol> <li>Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)</li> </ol>			
9. Accrued Expenses (Unpaid Bills)	0.	.00		0.00	Date of Election Total to Date			
10. Nonmonetary AdjustmentSchedule C, Line 3	0.	.00		0.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 10	00.00	\$	100.00	/\$			
Current Cash Statement			Г		/\$			
12. Beginning Cash Balance Previous Summary Page, Line 16	-	.00	То	calculate Column B.				
13. Cash Receipts Column A, Line 3 above		00.00		d amounts in Column				
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.	.00	an	o the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.			
15. Cash Payments	10	00.00		your last report. Some nounts in Column A may				
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0.</u>	.00	be	negative figures that				
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from evious period amounts. If is is the first report being				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.</u>	.00	file	d for this calendar year, ly carry over the amounts				
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if				
18. Cash Equivalents See instructions on reverse	\$ 0.	.00	"	11.				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.	.00	ı		FPPC Form 460 (Jan/201			
			ı		FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.g			

Schedule			ts may be rounded whole dollars.	Statement co	vers period	CALIFORNIA ACO		
nonetary	y Contributions Received			from 1/1/21		FO	ORNIA 460	
	TOWN ON REVERSE			through 2/1/21		Page 4 of 18		
IAME OF FILER	TIONS ON REVERSE					I.D. NUMBER		
	cchia for Claremont School Board 2020					142085	57	
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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
	NONE	OTH SCC						
		OTH PTY SCC						
		OTH SCC						
		OTH PTY SCC						
		OTH SCC						
			SUBTOTAL	\$				
I. Amount re (Include a	A Summary eceived this period – itemized monetary contribution all Schedule A subtotals.)eceived this period – unitemized monetary contribut				IND- COM OTH PTY	<ul> <li>Individua</li> <li>Recipie</li> <li>(other the other of the other othe</li></ul>	nt Committee than PTY or SCC) a.g., business entity)	
I. Amount re (Include al  I. Amount re  I. Total mone	eceived this period – itemized monetary contribution all Schedule A subtotals.)	tions of less than	\$100\$			OTH PTY SCC	OTH – Other (e PTY – Political	

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Schedule A (Continuation Sheet)	Amounts may	be rounded	SCHEDULE A (CC					
Monetary C	Contributions Received	to whole d		Statement covers period from 1/1/21		CALIFORNIA 460		
				through 2/1/21		Page 5	of .	18
NAME OF FILER Chris Naticchia for Claremont School Board 2020  1.D. NUMBER 1420857								
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 1 CALENDAR (JAN. 1 - DE	YEAR	PER ELI TO D (IF REQ	DATE
		OTH SCC						
		OTH PTY SCC						
		OTH SCC						
		OTH PTY SCC						
		OTH PTY						

SUBTOTAL \$

\*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

	Ar	Amounts may be rounded					SCHEDULE B - PART				
Schedule B – Part 1 Loans Received	OII	to whole dollars			Statement cover	CONTROL SECTION SECTIO	CALIFORN FORM	460 AIA			
SEE INSTRUCTIONS ON REVERSE					through IU/1//	/2020	Page 6	of_18			
NAME OF FILER							I.D. NUMBER				
							1420857				
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	RECEIVED THIS	THIS PERIOD	N BALANCE AT	PAID THIS	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE			
Mihaela Popescu Claremont, CA 91711	Professor CSU San Bernardino			\$ 70.36	s <u>0</u>	O %	s_100.00	S N/A			
† IND COM OTH PTY SCC		s	s_100.00	\$ 29.64	N/A DATE DUE	\$	1/7/21 DATE INCURRED	\$			
				\$ FORGIVEN	s	RATE	\$	\$ PER ELECTION**			
† IND COM OTH PTY SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	5			
				PAID  FORGIVEN	\$	RATE	\$	\$PER ELECTION**			
† IND COM OTH PTY SCC		\$	\$		DATE OUE	5	DATE INCURRED	\$			
	1	SUBTOTALS \$	100	\$ 100.00	\$ 0	\$ 0					
Schedule B Summary  1. Loans received this period	ns of less than \$100.) 00 paid or forgiven.)	edule A )		\$	00.00	C	†Contributor Codes IND – Individual COM – Recipient Co	Committee PTY or SCC)			

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

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

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

PTY - Political Party

(May be a negative number)

SCC - Small Contributor Committee

SCHEDULE B - PART 2 Schedule B - Part 2 Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. **Loan Guarantors** from 1/1/21 **FORM** through 2/1/21 Page 8 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1420857 Chris Naticchia for Claremont School Board 2020 IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF AMOUNT BALANCE CONTRIBUTOR CUMULATIVE OCCUPATION AND EMPLOYER GUARANTEED THIS PERIOD OUTSTANDING CONTRIBUTOR LOAN (IF SELF-EMPLOYED, ENTER TO DATE CODE\* TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) LENDER CALENDAR YEAR IND NONE COM OTH PER ELECTION (IF REQUIRED) DATE PTY SCC LENDER CALENDAR YEAR IND

DATE

LENDER

DATE

LENDER

DATE

SUBTOTAL \$

OTH

☐ PTY ☐ SCC

OTH

PTY

☐ IND ☐ COM ☐ OTH

PTY SCC

PER ELECTION (IF REQUIRED)

CALENDAR YEAR

PER ELECTION (IF REQUIRED)

CALENDAR YEAR

PER ELECTION (IF REQUIRED)

Enter on

Summary Page, Line 17 only.

Scheau Nonmoi	netary Contributions Receive	d	to whole dollars.  Statement covers per from 1/1/21				CALIFORNIA 46		
SEE INSTRUC	TIONS ON REVERSE				thro	ugh 2/1/21		Page 9	of 18
NAME OF FILE								I.D. NUMBER 1420857	
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	CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	NONE	OTH SCC							
		OTH SCC							
		OTH SCC							
		OTH SCC							
Attach add	ditional information on appropriately label	led continuation	sheets.	SUBTO	OTAL \$				
1. Amount (Include 2. Amount	received this period – itemized nonmone all Schedule C subtotals.)received this period – unitemized nonmonetary contributions received this period	onetary contributi					OTH	(other that I – Other (e.g	t Committee an PTY or SCC) g., business entity)

ipporting/Opposing Other indidates, Measures and Committees				from 1/1/21 through 2/1/21		CALIFORNIA 46 FORM of 18	
Chris Naticchia for Claremont School Board 2020							FER 7
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 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	NONE	☐ Monetary Contribution ☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Соррен Соррен	Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
			SUBTOTAL	. \$			
hedule	D Summary	e this period. (Include a					

Continuation Sheet) ummary of Expenditures upporting/Opposing Other andidates, Measures and Committees		Amounts may be ro to whole dolla	Statement covers period from _1/1/21		CALIFORNIA 460		
				through 2/1/21		Page11	of 18
NAME OF FILER Chris Naticchia for Claremont School Board 2020							
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	CALEND	VE TO DATE PAR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	NONE	Monetary Contribution	-				
		Nonmonetary Contribution Independent					
	Support Oppose	Expenditure  Monetary		_			
		Contribution  Nonmonetary Contribution  Independent					
	☐ Support ☐ Oppose	Expenditure  Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		☐ Monetary Contribution ☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					

Schedule E Payments Made	Amounts may to whole o		Statement covers period from 1/1/21	CALIFORNIA 46	
SEE INSTRUCTIONS ON REVERSE			through <u>2/1/21</u>	Page 12 of 18	
NAME OF FILER  Chris Naticchia for Claremont School Board 2020	)			1.D. NUMBER 1420857	
CODES: If one of the following codes accurated compaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees candidate filing/ballot fees fND fundraising events independent expenditure supporting/opposing others (explain for the following forms) independent expenditure supporting/opposing others (explain for the following forms) for the following forms for the following forms for the following forms for the following codes accurately campaign paraphernalia/misc.	MBR member cor MTG meetings ar OFC office expen PET petition circl PHO phone bank POL polling and septian)* POS postage, de	mmunications nd appearances uses ulating	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging,	duction costs nd meals and meals es of the same candidate/sponsor	
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUMB		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
* Payments that are contributions or independent expenditures	must also be summarized on Sch	edule D.	SI	JBTOTAL \$ 0.00	

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

FPPC Form 460 (Jan/2016))

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Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>2/1/21</u>	Page 13 of 18
NAME OF FILER			I.D. NUMBER
Chris Naticchia for Claremont School Board 202	20		1420857
CODES: If one of the following codes accurate	ely describes the payment, you may enter the coo	de. Otherwise, describe the paymen	t.
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and production returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production candidate travel, lodging, a staff/spouse travel, lodging.	s oduction costs and meals

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

LEG legal defense

IND independent expenditure supporting/opposing others (explain)\*

NAME AND ADDRE		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAIL
(IF COMMITTEE, ALSO E	ENTER I.D. NUMBER)			
yments that are contributions or independent e	expenditures must also be summarized	on Schedule D.	SU	BTOTAL \$

FPPC Form 460 (Jan/2016))

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

chedule F  ccrued Expenses (Unpaid Bills)  Amounts may be rounded to whole dollars.		ded	Statement cover	ers period CA	LIFORNIA 460	
			through 2/1/21	P:	Page 14 of 18	
NAME OF FILER Chris Naticchia for Claremont School Board 2020				I.D.	NUMBER 420857	
CODES: If one of the following codes accurately described accurately des	MBR member communication MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey resuppostage, delivery and professional services (print ads)	ons nces earch messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra	nd production costs butions ers' salaries ime and production oil, lodging, and meals are committees of the on	als same 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)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
NONE						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$		\$	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all	Schedule E Column (h) su	htotale for				
accrued expenses of \$100 or more, plus total unitemized	d accrued expenses under	\$100.)	INCU	RRED TOTALS	\$	
<ol><li>Total accrued expenses paid this period. (Include all Sci accrued expenses of \$100 or more, plus total unitemized</li></ol>	hedule F, Column (c) subtoo d payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTALS	\$	
Net change this period. (Subtract Line 2 from Line 1. E on the Summary Page, Column A, Line 9.)	nter the difference here and	l		NET	\$	

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Chris Naticchia for Claremont School Board 2020

NAME OF FILER

Amounts may be rounded to whole dollars. SCHEDULE F (CONT.)

Statement covers period from 1/1/21	CALIFORNIA 460
through <u>2/1/21</u>	Page 15 of 18
	I.D. NUMBER 1420857

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 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 fundraising 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) LIT

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

NONE			
	SUBTOTALS	\$ \$	\$ \$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 1/1/21	CALIFORNIA 460
		through 2/1/21	Page 16 of 18
SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER
NAME OF FILER Chris Naticchia for Claremont School Board 2020			1420857
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes	the payment, you may enter the cod	e. Otherwise, describe the payment	in .
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an	fuction costs

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

POS postage, delivery and messenger services PRO professional services (legal, accounting)

POS postage, delivery and messenger services VOT voter registration

PRT print ads

TSF transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

POL polling and survey research

Attach additional information on appropriately labeled continuation sheets.

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

FND fundraising events

TOTAL\* \$

TRS staff/spouse travel, lodging, and meals

NONE

<sup>\*</sup> 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 cover from 1/1/21	ers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through 2/1/21		Page 17	of_18
NAME OF FILER							I.D. NUMBER	
Chris Naticchia for Claremont School Boa	ard 2020						1420857	
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 O FORGIVENESS THIS PERIOD	CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
NONE		s	\$	PAID  FORGIVEN	\$ DATE DUE	RATE \$	\$DATE INCURRED	\$ PER ELECTION**
		s	\$	PAID  FORGIVEN  S	\$DATE DUE	RATE \$	\$ DATE INCURRED	\$ PER ELECTION**
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	s	\$	s		
Schedule H Summary  1. Loans made this period	s of less than \$100 \		,		\$	(Enter (e) on Schedule I, Line 3)		**If Required
(Total Column (b) plus unitemized loan: 2. Payments received on loans (Total Column (c) plus unitemized paym 3. Net change this period. (Subtract Line 2) (Enter the net here and on the Summa)	s of less than \$100.) nents of less than \$100.) 2 from Line 1.)				\$			**If Required

(May be a negative number)

Schedule I Miscellaneou	s Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from 1/1/21 through 2/1/21	CALIFORNIA 460 FORM of 18
NAME OF FILER	or Claremont School Board 2020			I.D. NUMBER 1420857
DATE RECEIVED	FULL NAME AND ADDRESS OF SOUR		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
NO	ONE			
-			: x	
Attach additiona	I information on appropriately labeled continuation sh	neets.	SUBTOT	AI S
Schedule I Su			305101	nt 4
1. Itemized increa	ses to cash this period		\$	
2. Unitemized inci	reases to cash of under \$100 this period		\$	_
3. Total of all inter	est received this period on loans made to other	s. (Schedule H, Column (e).)	\$	
Total miscelland     Summary Page	eous increases to cash this period. (Add Lines 1	I, 2, and 3. Enter here and on the		FPPC Form 460 (Jan/2016))

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Statement of ( Recipient Con	_			RECEIVED BY LOS ANGELES COL	JN FO	ORM 410
Statement Type	☐ Initial O Not yet qualified or O Date qualification threshold met	Date qualification threshold met	1 / 31 / 21	2021 FEB -2 PM 12 CAMPAIGN FINA	: 20 O	20571 11202
1. Committe	e Information I.D. Numbe	er 1420857	2. Treasurer and	Other Principal Office	rs	
Chris Naticchia	for Claremont School Board 202	0	M <sup>2</sup> . tela Popescu  STREET ADDRESS (NO P.O. BOX)			
************************	a a a vi					
STREET ADDRESS (NO P.O	i. BOX)		Claremont	STATE	2IP CODE 91711	9093440651
CITY	STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		71/11	7075110051
Claremont	CA 91	711 9096247511				
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
e-mail address (requirements)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	JURISDICTION WHERE COI	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
			STREET ADDRESS (NO P.O. BOX)			
Attach addition	al information on appropriately lo	beled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification	n					
penalty of perju	easonable diligence in preparing ry under the laws of the State of B1/21 By		ASSISTANT TREASU	ation contained herein is tru	e and compl	ete. I certify under
Executed on	B1/21 By		IDIDATE, OR STATE	MEASURE PROPONENT		
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		
Executed on	DATE By		TROUTING DESICENCEDED CANDIDAYS OF STATE			

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee					CALIF FO	ORNIA 410
NSTRUCTIONS ON REVERSE					Page 2	
Committee Name Chris Naticchia for Claremont School Board 2020					1.D. NUMBER 1420857	
All committees must list the financial institution where the	campaign bank account is located.					
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACC	OUNT NUMBER			
Bank of America	9094510974	3251 1	352 1397			
ADDRESS	CITY	STATE	Z	P CODE		
	Claremont	CA		91711		
4. Type of Committee Complete the applicable section	15.					
Controlled Committee						
List the name of each controlling officeholder, candidate, or salso list the elective office sought or held, and district number	이 없었다. 이 사람이 하는 그리고 있는데 이렇게 하는데 하는데 하는데 하는데 하는데 되었다.		er controlled	l,		
List the political party with which each officeholder or candid	late is affiliated or check "nonpartis	an." Stating "No	party prefere	ence" is accep	table	
	u - listat i d i	number of the o	ther control	led committe	e.	
If this committee acts jointly with another controlled commit	tee, list the name and identification	i number of the o	FILE COLLET			
If this committee acts jointly with another controlled commit  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGH (INCLUDE DISTRICT NUMBER	T OR HELD	YEAR OF ELECTION	PART CHECK		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGH	T OR HELD	YEAR OF			(list political party below)
If this committee acts jointly with another controlled commit  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT  Chris Naticchia	ELECTIVE OFFICE SOUGH (INCLUDE DISTRICT NUMBER	T OR HELD	YEAR OF ELECTION	CHECK	ONE	(list political party below)

(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CHECK ONE

SUPPORT

OPPOSE

OPPOSE