. Dociniont Committee				COVER PAGE
Recipient Committee Campaign Statement		w -	Date Stamp	CALIFORNIA 460
Cover Page		€. €. :	TA URUE	FORM TOO
Cover rage		A OS NICE	I S COUNTY	Page 1 of 17
•	Statement covers period	Date of election if applicable:	9	
$\sim$	from 10/23/22	(Month, Day, Year)	30 PM 1: 13	For Official Use Only
8)	l		- C-Pro A MICE	
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/22</u>	CAMPAI	GH FINANCE	
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee  ☐ State Candidate Election Committee ☐ Recall  (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination ☐ Amendment (Explain below)	☐ Speci	terly Statement ial Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part T)			
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	E)	NAME OF TREASURER		
Adrienne Konigar MAcklinfor Pomona USD Area	11	Adrienne Konigar MAcklin		
		MAILING ADDRESS		
		<u> </u>		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
CITY STATE ZIF	CODE AREA CODE/PHONE	Pomona  NAME OF ASSISTANT TREASURER, IF ANY	CA 9176	8 9096297337
	1768 9096297337	MANUE OF AGGIGNATI THE AGGICLET AND		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS		
CITY STATE ZIF	CODE AREA CODE/PHONE	СІТУ	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
akonigar@akaesq.com				
4. Verification				
I have used all reasonable diligence in preparing and revi			ached sch	edules is true and complete. I
certify under penalty of perjury under the laws of the State	e of California that the foregoing is tru			4.
Executed on 1/24/23 Date	Ву			
Executed on 1/24/23				
Executed onDate	By Signature		icer of Sponso	or .
Executed on	Ву			
Executed on	Ву	Slanding of Cartallian Official State Management	ro Drananasi	

COVER PAGE

5.	Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Ballo	t Measure	Committee	١.	
	NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
	Adrienne Konigar Macklin									
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUME	BER IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	1	SUPPORT
	Member, Pomona USD Board fo Education						1		į	OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP						
		Pomona	CA	91768		Identify the controlling office	holder, candi	date, or state	measure pro	ponent, if any.
				-		NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
	Related Committees Not Included in this S	Statement:	List any cor	mmittees						
	not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	ı or are prima				OFFICE SOUGHT OR HELD			DISTRICT NO	). IF ANY
	COMMITTEE NAME	I.D. NUM	IBER						<u> </u>	
	NAME OF TREASURER	CONTR	OLLED COMM	ITTEE?	7.	<b>Primarily Formed Cand</b>	lidate/Offic	eholder Co	mmittee L	lst names of
	NAME OF TREASURER	□ YE				officeholder(s) or candidate(s)	for which this	committee is	primarily form	ed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.		:5 <u>    NC</u>	<del></del>		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	
		•	,							☐ SUPPORT☐ OPPOSE
	CITY STATE ZI	PCODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	)
								1		SUPPORT
	COMMITTEE NAME	I.D. NUN	IBER							OPPOSE
						NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	□ SUPPORT
								]		OPPOSE
	NAME OF TREASURER	- 1	OLLED COMM	ITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
		☐ YE	S NO	)						OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)								5602
	CITY STATE ZI	P CODE	ABEAGO	DE/PHONE						
	STATE ZI	POUDE	AREACO	DE/PHONE		Atta	ch continuati	on sheets if n	ecessary	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 10/23/22	CALIFORNIA 460
through <u>12/31/22</u>	Page 3 of 17
	I.D. NUMBER
	1320909

Adrienne Konigar Macklin			1320909
Contributions Received  1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ \frac{0}{0} \\	\$  \$  \$  \$	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  6. Payments Made	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\	\$	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{542.84}{0}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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 FPPC Advice: advice@fppc.ca.gov (866/275-377)

Schedule A			ts may be rounded			SCHEDULE A			
	Contributions Received	to	whole dollars.	Statement cov from 10/23/22	vers period	CALIFORNIA 460			
SEE INSTRUCTION	S ON REVERSE			through _12/31/22		Page 4 of 17			
NAME OF FILER Adrienne Koni				<u> </u>		I.D. NUM 1320909	BER		
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)	ÁMOUNT 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	\$					
(Include all S	Summary  eived this period – itemized monetary contribution Schedule A subtotals.)				IND COM OTH PTY	(other th I – Other (e. – Political i	nt Committee an PTY or SCC) .g., business entity)		
3. Total moneta (Add Lines 1	ary contributions received this period. I and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)TOTAL \$ 0	F		FPPC	Form 460 (Jan/2016)) a.gov (866/275-3772)		

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Schedule A (Continuation Sheet) Monetary Contributions Received  NAME OF FILER Adrienne Konigar MAcklin		Amounts may to whole o	be rounded dollars.	Statement cov from 10/23/22 through 12/31/22		SCHEDULE A (COMPAGE 1320909)	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \((JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				·	
·		IND COM OTH PTY					
		□IND □COM □OTH □PTY □SCC			-		
		□IND □COM □OTH □PTY □SCC					

□IND □COM □OTH

□ PTY □ SCC

\*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

**O** 

SUBTOTAL \$

Schedule B – Part 1 Loans Received	Am	ounts may be ro to whole dollars			Statement coverage from 10/23/22	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Adrienne Konigar Macklin					through <u>12/31/2</u>	2	Page 6 I.D. NUMBER 1320909	of_17	
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	AMOUNT RECEIVED THIS PERIOD	(6) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	INTERES PAID THIS PERIOD	S AMOUNT OF	CUMULATIVE CONTRIBUTIONS TO DATE	
Adrienne Konigar Macklin	Retired/Law Offices of Adrienne Konigar & Assoc.			\$  FORGIVEN	s 42.84	0 %	ş <u>900</u>	\$ 2021	
Pomona, Ca 91768  †□ IND □ COM □ OTH □ PTY □ SCC		\$	s_0	s	DATE DUE	\$	2021 DATE INCURRED	\$	
Adrienne Konigar Macklin	Retired/Law Offices of Adrienne Konigar & Assoc.			\$ PAID  FORGIVEN	\$ 7310.04	RATE	\$ <u>7310.04</u>	\$ 2009  PER ELECTION**	
Pomona, Ca 91768  † IND COM OTH PTY SCC		7310.04	ş	\$	DATE DUE	\$	6/2009 DATE INCURRED	s	
Adrienne Konigar Macklin	Retired/Law Offices of Adrienne Konigar & Assoc.			\$ PAID	* <u>7900</u>	%	\$ <u>7900</u>	\$ 2013	
Pomona, Ca .91768  †□ IND □ COM □ OTH □ PTY □ SCC		\$	ş <u>0</u>	\$ FORGIVEN	DATE DUE	s	6/2013  DATE INCURRED	\$	
	S	SUBTOTALS S	,	\$	\$	\$	107.32		
Schedule B Summary  1. Loans received this period				\$ <u>0</u>		(Enter (e) on So	hedule E, Line 3)		
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summan	0 paid or forgiven.) are also itemized on Sche	edule A.)		NET \$ \(\frac{15}{2}\)	6,610.04  May be a negative number)		†Contributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Par SCC – Small Contr	committee PTY or SCC) business entity) ty	

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

\*\* If required.

FPPC Form 460 (Jan/2016))
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		Amounts may be rounded	SCHEDULE B - PA					
Schedule B – Part 2 Loan Guarantors		to whole dollars.	Statement covers period from 10/23/22			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through .	12/31/22		Page 7	of 17
IAME OF FILER Adrienne Konigar Macklin						,	1.D. NUMBER 1320909	
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		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	IND COM				CA \$_	LENDAR YEAR		
	□ OTH □ PTY □ SCC		DATE			Pi (II	ER ELECTION F REQUIRED)	
	□IND		LENDER		,	CAI	ENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			PE (IF	R ELECTION REQUIRED)	
<u> </u>	□scc					\$		
	□IND □COM		LENDER			\$ -	ENDAR YEAR	
	□отн □рту		DATE			PE (IF	ER ELECTION FREQUIRED)	
	□scc					3_	LENDAR YEAR	
	□ IND		LENDER			CA	LENDAR TEAR	
	□отн □ртү		DATE			PE (II	ER ELECTION REQUIRED)	
	□scc					\$_		
			SUI	BTOTAL	\$	S	Enter on ummary Page, Line 17 only.	0

Schedule	C		to whole dollars.				SCHEDULE C			
Nonmone	tary Contributions Received		to whole dollars.			Statement covers p	period	CALIFORNIA 460		
EE INSTRUCTIO	NS ON REVERSE				thro	ough 12/31/22	<del></del>	Page 8	of <u>17</u>	
Adrienne Koni	gar Macklin		(					1.D. NUMBER 1320909		
DATE RECEIVED		CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV			CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	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								
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL S	5				
I. Amount rec	Summary seived this period – itemized nonmonetar Schedule C subtotals.)	y contribution	ıs.	,	\$ _	G	IND.			
2. Amount red	ceived this period – unitemized nonmone	tary contributi	ions of less than \$100		\$ _	0	PTY	<ul><li>Other (e.</li><li>Political I</li></ul>	g., business entity)	
	onetary contributions received this period 1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	TOTA	\L \$ _	0	_	Small Oc		

FPPC Form 460 (Jan/2016))
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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement cover from $\frac{10/3/22}{}$	s period	CALIFORNIA 460		
	ONS ON REVERSE			through <u>12/31/22</u>		Page	of	
NAME OF FILER Adrienne Kon						BER		
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 CALENDAR (JAN. 1 - DE	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐ Monetary Contribution ☐ Nonmonetary Contribution						
-	☐ Support ☐ Oppose	Independent Expenditure  Monetary Contribution						
	☐ Support ☐ Oppose	Nonmonetary Contribution Independent					·	
	Support Doppose	Expenditure  Monetary Contribution						
	☐ Support ☐ Oppose	☐ Nonmonetary Contribution ☐ Independent Expenditure						
			SUBTOTAL	. \$				
<ol> <li>Itemized c</li> <li>Unitemize</li> </ol>	D Summary contributions and independent expenditures made contributions and independent expenditures in the contributions and independent expenditures made the contributions and independent expenditures made the contributions and independent expenditures.	nade this period of unde	er \$100		•••••••	\$	<u>O</u> O	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole d		Statement covers from $\frac{10/23/22}{\text{through}}$	s period	SCHEDULE D (CONTINUE OF CALIFORNIA FORM  Page 10 of 17  I.D. NUMBER		
Adrienne Ko	nigar Macklin					132090	9	
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 Independent					, i	
	Support Oppose	Expenditure  Monetary Contribution  Nonmonetary						
	☐ Support ☐ Oppose	Contribution Independent Expenditure						
		Monetary Contribution Nonmonetary Contribution						
	☐ Support ☐ Oppose.	Independent Expenditure	·		Teach of copy of the last of t	and the state of t	angele og grenne skale skrivere er	
			CHRTOTAL	¢				

Schedule E Payments Made  Amounts may be rounded to whole dollars.					Statement covers period from $\frac{10/23/22}{}$	CALIF	ORNIA 460
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/22</u>	Page _	of
NAME OF FILER						I.D. NUN	MBER
Adrienne Konigar Macklin						132090	09
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants 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 commettings and office expensions petition circumphone banks polling and services professional print ads	nmunications d appearance ses lating urvey resea very and me	s ses rch essenger services		RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and product candidate travel, lodging staff/spouse travel, lodging transfer between commit voter registration websites.	tion costs  ies production costs i, and meals ing, and meals ttees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	CRIPTION OF PAYMENT		AMOUNT PAID
	-				·		
		,					
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.				SUBTOTAL	<b>.</b>
Schedule E Summary						3279	· · · · · · · · · · · · · · · · · · ·
Itemized payments made this period. (Include all Schedul	le E subtotais.)					\$_0	
2. Unitemized payments made this period of under \$100						0	
3. Total interest paid this period on loans. (Enter amount from							
4 Total payments made this period (Add Lines 1, 2, and 3,	•	•	. , ,			TOTAL \$ 0	

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from	CALIFORNIA 460 FORM
through <u>12/31/22</u>	Page of
	I.D. NUMBER
	1320909

NAME OF FILER Adrienne Konigar Macklin

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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

CNS CTB CVC FIL FND IND	campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* legal defense	MBR MTG OFC PET PHO POL POS PRO	RR member communications meetings and appearances office expenses petition circulating phone banks pulling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads			enger services	RAD RFD SAL TEL TRC TRS TSF VOT	s ne candidate/sponsor e-mail)	
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	Ol	₹	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
						-			
							,		

SUBTOTAL \$

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Schedule F Accrued Expenses (Unpaid Bills)  Amounts may be rounded to whole dollars.		Statement coverage from 10/23/22	ers period	CALIFORNIA 460		
			through 12/31/22	<u> </u>	Page 13 of 17	
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Adrienne Konigar Macklin			<del></del>		I.D. NUMBER 1320909	
CODES: If one of the following codes accurately described accurately des	MBR member communication meetings and appeara office expenses petition circulating PHO phone banks POL polling and survey rese postage, delivery and reprofessional services (PRT print ads	ons nces earch messenger services	RAD radio airtime air returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra TSF transfer betwee VOT voter registrative.	nd production co butions kers' salaries time and product el, lodging, and n avel, lodging, and en committees o	ction costs meals d meals of the 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 P THIS PERI (ALSO REPORT	IOD BALANCE AT CLOS	
				,		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	<b>\$</b>	\$ .	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemize	Schedule F, Column (b) su d accrued expenses under	btotals for \$100.)	INCU	RRED TOTA	ALS\$	
2. Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemize	hedule F, Column (c) subto d payments on accrued exp	tals for payments on penses under \$100.).		PAID TOTA	ALS \$	
3. Net change this period. (Subtract Line 2 from Line 1. E on the Summary Page, Column A, Line 9.)	nter the difference here and	d 			NET \$	
	,		,	1	May be a negative number FPPC Form 460 (Jan/201	

SCHEDUL	EF	CONT.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from $\frac{10/23/22}{\text{through}}$	CALIFORNIA 460 FORM of 17
NAME OF FILER			I.D. NUMBER
Adrienne Konigar Macklin			1320909

CODES: If one of the following codes accurately de	scribes the payment, you may enter the coo	le. Otherwise, describe the payment.
CMP campaign paraphemalia/misc.	MBR member communications	RAD radio airtime and production costs
ONO servedes served sets	NTO meetings and appropriate	DED returned contributions

MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations PHO phone banks TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) VOT voter registration LEG legal defense

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

<sup>\*</sup> 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 \$ O \$ O \$ O							

		,					
Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.				atement covers period 10/23/22	CALIFO FOR	
		f		throu	igh 12/31/22	Page 15	of
SEE INSTRUCTIONS ON REVERSE							
NAME OF FILER						I.D. NUMBI	EK
Adrienne Konigar Macklin		<del></del>				1320909	
NAME OF AGENT OR INDEPENDENT CONTRACTOR	_						
CODES: If one of the following codes accurately describes	the navment	VOU May 6	enter the code	Otherwise	describe the navment	<u> </u>	
CMP 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  * Payments that are contributions or independent expenditures must also be seen the contributions of the contrib	MBR member co MTG meetings a OFC office exper PET petition circ PHO phone bank POL polling and POS professiona PRT print ads	mmunications and appearance anses culating ks survey resea elivery and me al services (le	s ces	RAD r RFD r SAL c TEL t TRC c TRS s TSF t	radio airtime and production returned contributions campaign workers' salaries v. or cable airtime and production and date travel, lodging, and staff/spouse travel, lodging, and ransfer between committees to the registration of the contraction of the contraction and con	costs luction costs d meals and meals s of the same o	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
	,						

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0

<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 Loans Made to Others*		nay be rounded ble dollars.		Statement covers period from10/23/22		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE	•				through	2	Page <u>16</u>	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Adrienne Konigar Macklin								
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 FORGIVENES THIS PERIOD	S BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID  \$  FORGIVEN	\$	RATE	s	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID  FORGIVEN	\$	RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					0	•		
Loans made this period     (Total Column (b) plus unitemized loan     Payments received on loans     (Total Column (c) plus unitemized payments	s of less than \$100.)							**If Required
Net change this period. (Subtract Line 2 (Enter the net here and on the Summa)	2 from Line 1.)			•••••	NET \$ <u>0</u>			

(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rour to whole dollars.	ded	Statement covers period from 10/23/22	CALIFORNIA 460	
<u>SEE INSTRUCTIONS ON</u> NAME OF FILER Adrienne Konigar Ma				through	Page 16 of 17 I.D. NUMBER 1320909	
DATE FULL NAME AND ADDRESS OF SOUR RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER			DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
·				,	,	
	nformation on appropriately labeled continuation sheets.			SUBTOTA	L\$	
2. Unitemized incre	es to cash this periodases to cash of under \$100 this periodst received this period on loans made to others. (So			<u>\$</u> 0		
4. Total miscellaneo	ous increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and	on the	TOTAL \$	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	