

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

E-Filed
07/20/2021
16:33:49
Filing ID:
200896570

Statement covers period from 07/01/2021 through 07/15/2021	Date of election if applicable: (Month, Day, Year)
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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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1436451

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN FRANCISCO	CA	94108	(415) 732-7700

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

CAMPAIGN@CAMPAIGNLAWYERS.COM

Treasurer(s)

NAME OF TREASURER
JAMES SUTTON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN FRANCISCO	CA	94108	(415) 732-7700

NAME OF ASSISTANT TREASURER, IF ANY

J.P. FISHER

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN FRANCISCO	CA	94108	(415) 732-7700

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 foregoing is true and correct.

Executed on 07/20/2021
Date

By JAMES R. SUTTON
Signature of Treasurer or Assistant Treasurer

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

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
RECALL OF BOARD OF EDUCATION COMMISSIONERS GABRIELA LOPEZ, ALISON COLLINS, AND FAAUGA MOLIGA

BALLOT NO. OR LETTER TBD	JURISDICTION SAN FRANCISCO	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	07/15/2021	Page <u>3</u> of <u>53</u>
		I.D. NUMBER 1436451

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 71,318.00	\$ 270,069.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 71,318.00	\$ 270,069.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 71,318.00	\$ 270,069.00

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 Schedule E, Line 4	\$ 82,179.06	\$ 123,429.49
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 82,179.06	\$ 123,429.49
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-895.00	4,047.84
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 81,284.06	\$ 127,477.33

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 Previous Summary Page, Line 16	\$ 157,500.57
13. Cash Receipts Column A, Line 3 above	71,318.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	48,000.00
15. Cash Payments Column A, Line 8 above	82,179.06
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 194,639.51

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.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 4,047.84

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	07/15/2021	Page <u>4</u> of <u>53</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/02/2021	PATRICK LINEHAN SAN FRANCISCO, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER SALESFORCE	1,000.00	2,000.00	
07/02/2021	MARK PEARSON SAN FRANCISCO, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER GOOGLE	100.00	100.00	
07/07/2021	EMILIE CHU SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNEMPLOYED NONE	100.00	100.00	
07/07/2021	CANDACE CROCKETT SAN FRANCISCO, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/07/2021	JESSICA DIMARTINO SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROJECT MANAGER CRESA	100.00	100.00	
SUBTOTAL \$				1,400.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 67,751.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 3,567.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 71,318.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	07/15/2021	Page <u>5</u> of <u>53</u>

NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/07/2021	CHRIS LAM HILLSBOROUGH, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE BLUE RIVER SEAFOOD	5,000.00	5,000.00	
07/07/2021	SUZANNE RODE SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CROWELL & MORING LLP	100.00	100.00	
07/07/2021	SCOTT SHUMAKER SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER MICROSOFT	100.00	100.00	
07/07/2021	MICHAEL SOLANA SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER PIRATE WIRES LLC	1,000.00	1,000.00	
07/07/2021	CHRIS TATUM SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	300.00	300.00	
SUBTOTAL \$				6,500.00		

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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	07/15/2021	Page <u>6</u> of <u>53</u>

NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
--	------------------------

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/07/2021	JUSTIN VAN ZANDT SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TECHNICAL RECRUITER UNLEARN.AI	100.00	100.00	
07/07/2021	KEVIN WALLACE SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	250.00	
07/07/2021	KEVIN ZANEY SAN FRANCISCO, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	250.00	
07/08/2021	NANCY BOAS SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/09/2021	TERENCE ABAD SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR LOWELL ALUMNI ASSOCIATION	250.00	500.00	
SUBTOTAL \$				650.00		

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 (other than PTY or SCC)
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 SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
--	------------------------

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/09/2021	JANET ARCHIBALD SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	200.00	250.00	
07/09/2021	ALLISON ARIEFF SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR OF COMMUNICATIONS REPLICA	125.00	424.00	
07/09/2021	VICTORIA HACKETT SAN FRANCISCO, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/09/2021	SUSAN HEMPSTEAD SAN FRANCISCO, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/09/2021	ALLENE JUE SAN FRANCISCO, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROGRAM MANAGER PAYPAL	1,500.00	1,500.00	
SUBTOTAL \$				2,025.00		

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 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
--	------------------------

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/09/2021	NANCY KEANE SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	1,000.00	3,000.00	
07/09/2021	JOHN KOBAYASHI SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	50.00	100.00	
07/09/2021	SUSAN STAUTER SAN FRANCISCO, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	150.00	150.00	
07/09/2021	JOANN VAIL SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/09/2021	LORI WAKIL SAN FRANCISCO, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	200.00	200.00	
SUBTOTAL \$				1,500.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/12/2021	JILDA APONE PITTSBURGH, PA 15217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	50.00	100.00	
07/12/2021	NORMAN BRAND SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARBITRATOR SELF-EMPLOYED; SAME NAME	100.00	100.00	
07/12/2021	ALEX CHAN SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE NONE	100.00	100.00	
07/12/2021	ANTHONY CHAVEZ SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANGER DOWBUILT INC.	100.00	100.00	
07/12/2021	JINGSHU CHEN SAN FRANCISCO, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER NONE	100.00	100.00	
SUBTOTAL \$				450.00		

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 SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	07/15/2021	Page <u>10</u> of <u>53</u>

NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/12/2021	ZACH GEORGOPOULOS SAN FRANCISCO, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY GEORGOPOULOS & ECONOMIDIS	100.00	100.00	
07/12/2021	ILIA GIMELFARB SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT ARETE HILL, LLC	200.00	200.00	
07/12/2021	ARWEN GRIFFITH SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE NONE	100.00	100.00	
07/12/2021	ILYA GURIN MOUNTAIN VIEW, CA 94043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER TDK-INVENSENSE	100.00	100.00	
07/12/2021	LESLIE HARLSON SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROJECT MANAGER UNIVERSITY OF CALIFORNIA, BERKELEY	250.00	250.00	
SUBTOTAL \$				750.00		

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 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/12/2021	DMITRIY KERNASOVSKIY SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DATA SCIENCE MANAGER AIRBNB	200.00	200.00	
07/12/2021	DAVID KING SUNNYVALE, CA 94085	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	600.00	
07/12/2021	DAVID KING SUNNYVALE, CA 94085	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	600.00	
07/12/2021	BILLY LAU SAN FRANCISCO, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHARMACIST KAISER PERMANENTE	200.00	200.00	
07/12/2021	MARIE LIPMAN SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	1,000.00	1,000.00	
SUBTOTAL \$				1,600.00		

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 IND – Individual
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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/12/2021	DOT MANNING SAN FRANCISCO, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE NONE	200.00	200.00	
07/12/2021	NICOLA MINER SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSTRUCTOR COLLEGE OF SAN MATEO	5,000.00	5,099.00	
07/12/2021	ASHWIN PEJAVAR SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER LYFT	100.00	100.00	
07/12/2021	BRIAN SINGERMAN SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR FOUNDERS FUND	1,000.00	1,000.00	
07/12/2021	JACK SMITH HONOLULU, HI 96817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	500.00	500.00	
SUBTOTAL \$				6,800.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/12/2021	CHIN WONG SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	50.00	100.00	
07/12/2021	JENNIFER WONG SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	400.00	
07/13/2021	MARK ANNIS SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALES OPERATIONS MANAGER MEDALLIA	100.00	100.00	
07/13/2021	PAUL ARNAUTOFF SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER STRIPE	100.00	100.00	
07/13/2021	PAUL ARNOLD SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER SWITCH VENTURES	100.00	100.00	
SUBTOTAL \$				450.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	MATTHEW BALL SAN FRANCISCO, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER VIACOMCBS	75.00	349.00	
07/13/2021	ARJUN BANKER SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER SELF-EMPLOYED; SAME NAME	250.00	250.00	
07/13/2021	CHRIS BERRY SAN FRANCISCO, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER NETFLIX	100.00	100.00	
07/13/2021	DANIEL BERTHIAUME SAN FRANCISCO, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMS AUTODESK	250.00	349.00	
07/13/2021	MICHAEL BERTINETTI SAN FRANCISCO, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	250.00	500.00	
SUBTOTAL \$				925.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	SUSANNAH BETTAG SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CREATIVE DIRECTOR RIPPLE EFFECTS	100.00	200.00	
07/13/2021	JONATHAN BLOW SAN FRANCISCO, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT THEKLA, INC	5,000.00	5,000.00	
07/13/2021	CHARLES BOONE SAN FRANCISCO, CA 94129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MUSICIAN SELF-EMPLOYED; SAME NAME	50.00	149.00	
07/13/2021	LISA BORAHGELLER SAN FRANCISCO, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	199.00	
07/13/2021	STEPHEN BRADY SAN FRANCISCO, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FOUNDER FACT LABS, INC.	100.00	100.00	
SUBTOTAL \$				5,350.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	KATHLEEN CAMPBELL SAN FRANCISCO, CA 94110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/13/2021	LINDA CHIN SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NURSE PRACTITIONER SFVAMC	100.00	100.00	
07/13/2021	JOE CIARALLO SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARKETING TOAST	100.00	100.00	
07/13/2021	JONATHAN CLAYBAUGH SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	3,500.00	4,500.00	
07/13/2021	PAUL CORNING SAN ANSELMO, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
SUBTOTAL \$				3,900.00		

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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
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NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

I.D. NUMBER

1436451

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	NORELEEN DEMESA SAN FRANCISCO, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR SELF-EMPLOYED; SAME NAME	100.00	100.00	
07/13/2021	DAVID DRESCHER SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCT MANAGER LUMOS LABS, INC	200.00	200.00	
07/13/2021	CODY EBBERSON SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HEALTHCARE CONSULTANT SELF-EMPLOYED; SAME NAME	100.00	100.00	
07/13/2021	PETER FISH SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER/EDITOR SELF-EMPLOYED; SAME NAME	500.00	1,500.00	
07/13/2021	RONALD FISHER SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
SUBTOTAL \$				1,000.00		

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	JOHN FOX SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER NETFLIX	100.00	100.00	
07/13/2021	DAVID FRASER BRISBANE, CA 94005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARKETING DIRECTOR DOLBY LABS	100.00	100.00	
07/13/2021	PHILIPP FRINGS SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/13/2021	CHARLES GEBHARD SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROGRAMMER POINT SYSTEMS	200.00	299.00	
07/13/2021	PATRICK GILLIGAN SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER BEI	100.00	100.00	
SUBTOTAL \$				600.00		

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 SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	ASHWIN GOKHALE SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WILMERHALE LLP	201.00	201.00	
07/13/2021	JOHN GRAUEL SAN FRANCISCO, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	50.00	150.00	
07/13/2021	JIM GREER SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO BASH VIDEO	100.00	199.00	
07/13/2021	ADAM GROSS SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/13/2021	ANGELA HAMBY SAN FRANCISCO, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF-EMPLOYED; SAME NAME	250.00	250.00	
SUBTOTAL \$				701.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	ERIC HASSALL SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	250.00	
07/13/2021	DOUG HEINZ SAN FRANCISCO, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTRACTOR SELF-EMPLOYED; SAME NAME	100.00	100.00	
07/13/2021	NADIM HOSSAIN SAN FRANCISCO, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCT MANAGER DATABRICKS	100.00	100.00	
07/13/2021	MARIE HURABIELL SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY/ CONSULTANT SELF-EMPLOYED; SAME NAME	250.00	250.00	
07/13/2021	KELLY INOUYE SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST & CURATOR SELF-EMPLOYED; SAME NAME	100.00	225.00	
SUBTOTAL \$				650.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	JOE JABER SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTNAT COLUMBIA BUSINESS SERVICES	150.00	150.00	
07/13/2021	VIRGINIA JARAMILLO SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGAER OMADA	100.00	100.00	
07/13/2021	GABRIEL JINICH SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCT MANAGER SQUARE	100.00	100.00	
07/13/2021	MEG KAMMERUD SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY DRAGOS	100.00	100.00	
07/13/2021	JOHN KANBERG SAN FRANCISCO, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	200.00	
SUBTOTAL \$				550.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	SUZANNE KIRKHAM SAN FRANCISCO, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	200.00	200.00	
07/13/2021	EJ LAWLESS SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARKETING INDEED	100.00	100.00	
07/13/2021	KATE LAZARUS SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KWUN BHANSALI LAZARUS LLP	200.00	200.00	
07/13/2021	JASON LEE SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY AECOM	100.00	100.00	
07/13/2021	STEPHEN LEMMER SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE PRODUCT MANAGER FIS	100.00	199.00	
SUBTOTAL \$				700.00		

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	ZACK LYNCH SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/13/2021	KEVIN MALONE MILL VALLEY, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/13/2021	BRIAN MATTHAY SAN FRANCISCO, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCE CYPRESS CREEK RENEWABLES	100.00	200.00	
07/13/2021	ANNA MCGRANE NEW YORK, NY 10023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER PACERPRO	100.00	199.00	
07/13/2021	CHARLIE MINTZ OAKLAND, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EDUCATOR EDUCATION	750.00	750.00	
SUBTOTAL \$				1,150.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	MILAD MOHAMMADI MENLO PARK, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER FACEBOOK	100.00	100.00	
07/13/2021	AMIT NARANG SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FOUNDER OPENSENSE	100.00	100.00	
07/13/2021	SUNDEEP PEECHU BURLINGAME, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGING DIRECTOR FELICIS	1,000.00	1,000.00	
07/13/2021	HELEN PHUNG SAN FRANCISCO, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARKETING SELF-EMPLOYED; SAME NAME	100.00	100.00	
07/13/2021	MARY PICKERING SAN FRANCISCO, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR SAN JOSE STATE UNIVERSITY	100.00	200.00	
SUBTOTAL \$				1,400.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	LESLIE POZDENA EL CERRITO, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER GINGER LABS INC	100.00	100.00	
07/13/2021	KEVIN RAFTER SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR TIDES CENTER	100.00	100.00	
07/13/2021	ERIK REDSE SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/13/2021	JESSE RICHMOND SAN FRANCISCO, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ELECTRICAL ENGINEER APPLE, INC	100.00	100.00	
07/13/2021	THOMAS SCHIAVONE SAN FRANCISCO, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO CALIXA	100.00	100.00	
SUBTOTAL \$				500.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	MIKE SCHIRALDI SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER NONE	500.00	500.00	
07/13/2021	ANDREW SMITH SAN FRANCISCO, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROPERTY MANAGER SELF-EMPLOYED; SAME NAME	100.00	100.00	
07/13/2021	ELISA SMITH DALY CITY, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE ASSISTANT SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH	100.00	200.00	
07/13/2021	SIMON SMUNDAK SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCIAL ANALYST WETHERBY ASSET MANAGEMENT	100.00	250.00	
07/13/2021	JAMES SPINELLI SAN FRANCISCO, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	449.00	
SUBTOTAL \$				900.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	AMANDA STANNARD OAKLAND, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA READ INVESTMENTS	100.00	100.00	
07/13/2021	MACO STEWART SAN FRANCISCO, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SALESFORCE	100.00	100.00	
07/13/2021	CHARLIE STIGLER SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCT STRATEGIST WORKDAY	500.00	550.00	
07/13/2021	DOUGLAS TABACCO SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER CISCO SYSTEMS INC	100.00	100.00	
07/13/2021	JEFFREY TABAS SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDICAL DOCTOR UCSF	100.00	100.00	
SUBTOTAL \$				900.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	HONGYUN TONG SAN FRANCISCO, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/13/2021	NOAH TYE SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER COTERM, LLC	100.00	100.00	
07/13/2021	WILLIAM VALLE SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEGAL OPERATIONS AT TECH COMPANY CLOUDFLARE	100.00	100.00	
07/13/2021	LAURA VAN ZANDT SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LAW OFFICE OF LAURA SULLIVAN VAN ZANDT	100.00	100.00	
07/13/2021	MATTHEW WALKER SAN JOSE, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE DEVELOPER SELF-EMPLOYED; SAME NAME	100.00	100.00	
SUBTOTAL \$				500.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	MAXWELL WALLACE SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEGAL OPERATIONS ASSOCIATE GOOGLE	50.00	100.00	
07/13/2021	JON WILEY SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT PROCUREABILITY	100.00	100.00	
07/13/2021	JULIA WONG SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	2,500.00	2,500.00	
07/13/2021	SANDY WONG SAN FRANCISCO, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED NONE	100.00	100.00	
07/13/2021	ANDREW WOO SAN FRANCISCO, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OPERATIONS PROTOCOL LABS	100.00	125.00	
SUBTOTAL \$				2,850.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
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1436451

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/13/2021	HEATHER WORLD SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED NONE	100.00	100.00	
07/13/2021	ANDREW YATES SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO PROMOTED .AI	100.00	100.00	
07/13/2021	PHILLIP ZAKHOUR SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	150.00	
07/13/2021	KEVIN ZANEY SAN FRANCISCO, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	50.00	250.00	
07/14/2021	ERIC BARCHAS SAN FRANCISCO, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VETERINARIAN SAN BRUNO PET HOSPITAL	100.00	199.00	
SUBTOTAL \$				450.00		

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OTH – Other (e.g., business entity)
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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/14/2021	TAYLOR BURKHART SAN FRANCISCO, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED NONE	100.00	100.00	
07/14/2021	FREDA FRID SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SENIOR PRODCUT MANAGER HINT HEALTH	500.00	600.00	
07/14/2021	PHILIP HEALY SAN FRANCISCO, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/14/2021	JONATHAN HOWE SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	1,000.00	1,000.00	
07/14/2021	CONOR JOHNSTON SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETAILER OTTER BRANDS, LLC	100.00	100.00	
SUBTOTAL \$				1,800.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/14/2021	YUN-FANG JUAN CUPERTINO, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR BRIGHTER CAPITAL	100.00	100.00	
07/14/2021	LANGTIAN LANG SAN FRANCISCO, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER SELF-EMPLOYED; SAME NAME	100.00	100.00	
07/14/2021	BRENT LEWELLEN SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/14/2021	JOSEPH MILLER SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	500.00	500.00	
07/14/2021	JONAH PURINTON SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTING CONSULTANT SELF-EMPLOYED; SAME NAME	100.00	100.00	
SUBTOTAL \$				900.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/14/2021	JASON SEIFER SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCE COFAM	250.00	250.00	
07/14/2021	CHRISTINA SHIH SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	200.00	
07/14/2021	LARISSA SIEGEL SAN FRANCISCO, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASSOCIATE DIRECTOR, WESTERN REGION AMERICAN JEWISH WORLD SERVICE	100.00	100.00	
07/14/2021	ERNEST SIMMONS SAN FRANCISCO, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TECH TRAINER BROADCOM	100.00	150.00	
07/14/2021	SEAN TERRY SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SENIOR MANAGER ACCENTURE	100.00	100.00	
SUBTOTAL \$				650.00		

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
--	------------------------

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/14/2021	NICHOLAS TOMMARELLO NISKAYUNA, NY 12309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROGRAMMER WEFUNDER	100.00	100.00	
07/14/2021	ABRAHAM WALLIN SAN FRANCISCO, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DESIGNER GOOGLE	100.00	100.00	
07/14/2021	MARGARET WHITE SAN FRANCISCO, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER STRIPE	100.00	100.00	
07/14/2021	VERNELLE WILDENRADT SAN FRANCISCO, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	200.00	200.00	
07/14/2021	BARBARA WINTRUP SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
SUBTOTAL \$				600.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
--	------------------------

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/14/2021	ESTHER YUH SAN FRANCISCO, CA 94158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HEALTHCARE UNIVERSITY OF CALIFORNIA	150.00	249.00	
07/15/2021	NELSON AGUILAR SAN FRANCISCO, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	175.00	
07/15/2021	JERRY AZZARO SAN FRANCISCO, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	200.00	
07/15/2021	RICHARD BAKER SAN FRANCISCO, CA 94134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/15/2021	MATTHEW BREZINA SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR FORD STREET VENTURES	100.00	100.00	
SUBTOTAL \$				550.00		

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 SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
--	------------------------

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/15/2021	THOMAS CHEN SAN FRANCISCO, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VETERINARIAN ANIMAL EYE CARE	100.00	100.00	
07/15/2021	CHRISTOPHER CONWAY SAN FRANCISCO, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCE SV ANGEL	2,500.00	2,500.00	
07/15/2021	DWIGHT CROW SAN FRANCISCO, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER WHISPER	1,000.00	1,000.00	
07/15/2021	RENEE DIRESTA SAN FRANCISCO, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESEARCH SIO	250.00	250.00	
07/15/2021	ROBERT DUSENBURY SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER LOTUS WATER	100.00	299.00	
SUBTOTAL \$				3,950.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/15/2021	SUNNY EVANS SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAB TECH UCSF	100.00	100.00	
07/15/2021	KEVIN FERGUSON SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMPUTER PROGRAMMER NOT EMPLOYED	250.00	250.00	
07/15/2021	LAURENCE GRIFFIN SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	200.00	
07/15/2021	ANNE HOCQUET SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALES STRATEGY CISCO SYSTEMS	200.00	200.00	
07/15/2021	DAVID HOLLANDER SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
SUBTOTAL \$				750.00		

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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
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through 07/15/2021

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NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

I.D. NUMBER

1436451

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/15/2021	TED HOLMAN SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BANKING FIRST REPUBLIC BANK	100.00	100.00	
07/15/2021	JOSH JACOBSON SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCT MANAGER VERIZON MEDIA	100.00	100.00	
07/15/2021	LYNN KELLER SAUSALITO, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	110.00	
07/15/2021	ANNE LANSDOWN MILL VALLEY, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED NONE	100.00	100.00	
07/15/2021	JAY LEZCANO SAN FRANCISCO, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SENIOR VICE PRESIDENT PRECISION FOR MEDICINE	100.00	150.00	
SUBTOTAL \$				500.00		

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/15/2021	ERIC LIN SARATOGA, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER PALANTIR TECHNOLOGIES	100.00	100.00	
07/15/2021	VANITA LOUIE SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
07/15/2021	MARIO A MARIO A LOPEZ SAN FRANCISCO, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ECONOMIST CRA INTERNATIONAL	250.00	250.00	
07/15/2021	KEVIN MCKEAN SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SENIOR ADVISOR DATANEUTRALITY.ORG	100.00	100.00	
07/15/2021	PENNY NAKATSU SAN FRANCISCO, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	100.00	
SUBTOTAL \$				650.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/15/2021	SUSAN OHARA SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR UCSF	250.00	250.00	
07/15/2021	ZOUJIN OUYANG BELMONT, CA 94002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER FACEBOOK	300.00	300.00	
07/15/2021	LARRY QUANTZ SAN FRANCISCO, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE DEVELOPER SONGCLIP	100.00	399.00	
07/15/2021	JOHN SCHULMAN SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESEARCHER OPENAI	1,000.00	1,000.00	
07/15/2021	MOHAMMAD SHAHMOHAMMADI SAN FRANCISCO, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MACHINE LEARNING ENGINEER CREDIT KARMA	100.00	100.00	
SUBTOTAL \$				1,750.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA	I.D. NUMBER 1436451
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/15/2021	MICHAEL SWEENEY SAN FRANCISCO, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR THE NATURE CONSERVANCY	100.00	100.00	
07/15/2021	RAYMOND TONSING SAN FRANCISCO, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR CAFFEINATED CAPITAL MANAGEMENT, LLC	10,000.00	10,000.00	
07/15/2021	LIRIA TOPUZ SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OFFICE ASSISTANT EMS FOR COUNTY OF MARIN	100.00	150.00	
07/15/2021	JOHN WILLIS SAN FRANCISCO, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	200.00	200.00	
07/15/2021	MARISA ZUZGA SAN FRANCISCO, CA 94134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER SELF-EMPLOYED; SAME NAME	100.00	199.00	
SUBTOTAL \$				10,500.00		

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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
STRATEGIC INITIATIVES, LLC GAINESVILLE, FL 32606	PET		50,000.00
SUSAN ABBOTT SAN FRANCISCO, CA 94127	PET		352.00
BRANDON ARGUILEZ MONTEBELLO, CA 90640	PET		519.00

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

SUBTOTAL \$ 50,871.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	82,116.06
2. Unitemized payments made this period of under \$100	\$	63.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	82,179.06

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DAVID BOND SACRAMENTO, CA 95864	PET			1,071.51
CHRISTOPHER DELEHANT ANAHEIM, CA 92891	PET			555.00
MARINA DIACHKOFF SAN FRANCISCO, CA 94116	PET			395.00
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			76.76
BENNIE JORDAN ELK GROVE, CA 95758	PET			342.00

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

SUBTOTAL \$ 2,440.27

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
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Statement covers period		CALIFORNIA FORM 460
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RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA		1436451

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GEORGE MICHAEL LEE WOODLAND, CA 95776	PET			1,051.01
ABRAHAM SALAZAR MODESTO, CA 95354	PET			702.00
JACOB SPANGLER SAN FRANCISCO, CA 94132	PET			370.00
RICK WELLS COALINGA, CA 93210	PET			676.00
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			477.78

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

SUBTOTAL \$ 3,276.79

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER		I.D. NUMBER
RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA		1436451

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DAVID BOND SACRAMENTO, CA 95864	PET			881.00
ANANAIS LIM ORINDA, CA 94563	CNS			495.00
KATHLEEN DAVIS WALNUT CREEK, CA 94597	PET			272.00
MARINA DIACHKOFF SAN FRANCISCO, CA 94116	PET			294.00
DAVID FEASTER SURPRISE, AZ 85287	PET			918.00

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

SUBTOTAL \$ 2,860.00

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through	07/15/2021	Page <u>46</u> of <u>53</u>
NAME OF FILER		I.D. NUMBER
RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA		1436451

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MICHAELA LIM SAN FRANCISCO, CA 94121	CNS			610.50
WILLIAM REDMOND SAN FRANCISCO, CA 94124	PET			480.00
GEORGE SIBTHORP SAN FRANCISCO, CA 94115	PET			296.00
YUKO TSUCHIYA SAN FRANCISCO, CA 94118			REIMBURSED EXPENSES; SCHEDULE G REPORTED IN PRIOR PERIOD	895.00
RICK WELLS COALINGA, CA 93210	PET			1,132.00

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

SUBTOTAL \$ 3,413.50

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA		1436451

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ERIC COESTAD SAN FRANCISCO, CA 94121	PET			804.38
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			674.00
CALDWELL KINOSHITA SAN FRANCISCO, CA 94131	CNS			726.00
ALYSSA VILLING SAN FRANCISCO, CA 94118	PET			478.00
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			1,669.06

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

SUBTOTAL \$ 4,351.44

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA		1436451

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TAMUSH ADAMS OAKLAND, CA 94604	PET			186.00
DAVID BOND SACRAMENTO, CA 95864	PET			683.00
KATHLEEN DAVIS WALNUT CREEK, CA 94597	PET			258.00
CHRISTOPHER DELEHANT ANAHEIM, CA 92891	PET			1,280.00
MARINA DIACHKOFF SAN FRANCISCO, CA 94116	PET			388.00

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

SUBTOTAL \$ 2,795.00

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA		1436451

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			340.64
DAVID FEASTER SURPRISE, AZ 85287	PET			736.00
KOFI FRIMPONG OAKLAND, CA 95602	PET			670.00
BENNIE JORDAN ELK GROVE, CA 95758	PET			504.00
GEORGE MICHAEL LEE WOODLAND, CA 95776	PET			528.00

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

SUBTOTAL \$ 2,778.64

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER		I.D. NUMBER
RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA		1436451

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PROSPERB MEDIA SAN FRANCISCO, CA 94122	PET			4,520.00
WILLIAM REDMOND SAN FRANCISCO, CA 94124	PET			366.00
GEORGE SIBTHORP SAN FRANCISCO, CA 94115	PET			1,420.00
JACOB SPANGLER SAN FRANCISCO, CA 94132	PET			464.00
RICK WELLS COALINGA, CA 93210	PET			1,310.00

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

SUBTOTAL \$ 8,080.00

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	07/15/2021	Page <u>51</u> of <u>53</u>
NAME OF FILER		I.D. NUMBER
RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA		1436451

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			1,249.42

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

SUBTOTAL \$ 1,249.42

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
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NAME OF FILER		I.D. NUMBER
RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA		1436451

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

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
LIT campaign literature and mailings	PRT print ads	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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AUTUMN LOOIJEN SAN FRANCISCO, CA 94117	REIMBURSED EXPENSES	32.00	0.00	0.00	32.00
AUTUMN LOOIJEN SAN FRANCISCO, CA 94117	REIMBURSED EXPENSES; SCHEDULE G REPORTED IN PRIOR PERIOD	3,991.84	0.00	0.00	3,991.84
YUKO TSUCHIYA SAN FRANCISCO, CA 94118	REIMBURSED EXPENSES; SCHEDULE G REPORTED IN PRIOR PERIOD	895.00	0.00	895.00	0.00

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

SUBTOTALS \$	4,918.84\$	0.00\$	895.00\$	4,023.84
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Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 895.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -895.00
May be a negative number

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2021
through 07/15/2021

SCHEDULE I

CALIFORNIA FORM 460

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I.D. NUMBER
1436451

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RECALL SCHOOL BOARD MEMBERS LOPEZ, COLLINS & MOLIGA

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
07/09/2021	STRATEGIC INITIATIVES, LLC GAINESVILLE, FL 32606	REFUND	48,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 48,000.00

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 48,000.00
- 2. Unitemized increases to cash of under \$100 this period. \$ 0.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 48,000.00