

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

Date Stamp  
**RECEIVED**  
Alameda County

CALIFORNIA  
FORM **460**

**OCT 25 2024**

**Reg. of Voters**

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For Official Use Only

Statement covers period  
from 9/14/24  
through 10/21/24

Date of election if applicable:  
(Month, Day, Year)  
11-5-24

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)

☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure  
Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)

☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

☒ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)

☐ Quarterly Statement  
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1471550

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Aiden Hill for Newark School Board 2024

CITY

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the foregoing information and 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 10/21/24

Date

By

Executed on 10-21-24

Date

By

Signature of Controlling Officer

Signature of Sponsor

Executed on \_\_\_\_\_

Date

By

Signature of Controlling Officer, Candidate, State Measure Proponent

Executed on \_\_\_\_\_

Date

By

Signature of Controlling Officer, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aiden Hill for Nevada School Board 2024

Statement covers period  
from 9/14/24  
through 10/21/24

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I.D. NUMBER

1471550

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 700   | \$ 700                                     |
| 2. Loans Received..... Schedule B, Line 3            | \$ 0   | \$ 8,000                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 700   | \$ 8,700                                   |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ 0   | \$ 0                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 700   | \$ 8,700                                   |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$               | \$          |
| 21. Expenditures Made      | \$               | \$          |

## Expenditures Made

|  |        |            |
|--|--------|------------|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 492 | \$ 7933.57 |
| 7. Loans Made..... Schedule H, Line 3                      | \$ 0   | \$ 0       |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 492 | \$ 7933.57 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ 0   | \$ 0       |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$ 0   | \$ 0       |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 492 | \$ 7933.57 |

## Expenditure Limit Summary for State Candidates

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

## Current Cash Statement

|  |           |
|--|-----------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 558.43 |
| 13. Cash Receipts..... Column A, Line 3 above                              | \$ 700.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | \$ 0      |
| 15. Cash Payments..... Column A, Line 8 above                              | \$ 492.00 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 766.43 |

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

|  |      |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

## Cash Equivalents and Outstanding Debts

|  |      |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.



# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 9/14/24  
through 10/21/24

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aiden Hill for Newark School Board 2024

I.D. NUMBER  
1471550

| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF<br>CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------------|--|---|---|-----------------------------------|---|--|
| 9/28/24          | <u>Leslie Huang</u><br>[REDACTED]<br><u>San Francisco, CA 94117</u>                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | <u>Leslie Huang,</u><br><u>self-employed,</u><br><u>consultant</u>                                  | <u>\$100.00</u>                   | <u>\$100.00</u>   | <u>\$100.00</u>                          |
| 10/8/24          | <u>Stacy Lin</u><br>[REDACTED]<br><u>Palo Alto, CA 94301</u>                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | <u>Retired</u>  | <u>\$500.00</u>                   | <u>\$500.00</u>   | <u>\$500.00</u>                          |
| 10/13/24         | <u>Stacy Lin</u><br>[REDACTED]<br><u>Fremont, CA 94555</u>   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | <u>Insurance Agent</u><br><u>Stacy Lin Agency</u>   | <u>\$100.00</u>                   | <u>\$100.00</u>   | <u>\$100.00</u>                          |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                                   |   |  |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                                   |   |  |

SUBTOTAL \$ 700.00

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 700.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 700.00

\*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 B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 9/14/24  
through 10/21/24

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aiden Hill for Newark School Board 2024

I.D. NUMBER

1471550

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN    | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                               |
|--|---|--|------------------------------------|---|--|----------------------------------|-----------------------------------|---|
| <u>Aiden Hill</u><br>[REDACTED]<br><u>Newark, CA 94560</u>   | <u>Teacher,</u><br><u>Franklin Union</u><br><u>High School</u><br><u>District</u>             | <u>\$ 8,000</u>                                  | <u>\$ 8</u>                        | <input checked="" type="checkbox"/> PAID<br>\$ <u>8</u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>8</u> | <u>\$ 8,000</u><br><u>11/30/24</u>                 | <u>8</u> %<br><u>8</u>           | <u>\$ 8,000</u><br><u>7/31/24</u> | CALENDAR YEAR<br>\$ <u>8,000</u><br>PER ELECTION**<br>\$ <u>8,000</u> |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____                  | \$ _____<br>DATE DUE                               | _____%<br>RATE                   | \$ _____<br>DATE INCURRED         | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____               |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____                  | \$ _____<br>DATE DUE                               | _____%<br>RATE                   | \$ _____<br>DATE INCURRED         | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____               |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____                  | \$ _____<br>DATE DUE                               | _____%<br>RATE                   | \$ _____<br>DATE INCURRED         | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____               |
| SUBTOTALS \$ <u>8</u> \$ <u>8</u> \$ <u>8,000</u> \$ <u>8</u>  |   |  |                                    |   |  |                                  |                                   |   |

(Enter (e) on Schedule E, Line 3)

## Schedule B Summary

- Loans received this period ..... \$ 8  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 8  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 8  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

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

\*\* If required.

FPPC Form 460 (Jan/2016))

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**Schedule B – Part 2**  
**Loan Guarantors**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period  
from 9/14/24  
through 10/21/24

**CALIFORNIA**  
**FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alden Hill for Newark School Board 2024

I.D. NUMBER

1471550

| FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE*  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN                           | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE  | BALANCE OUTSTANDING TO DATE |
|---|--|---|--------------------------------|-------------------------------|---|-----------------------------|
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br><br>DATE<br><br> |                               | CALENDAR YEAR<br><br>\$ _____<br>PER ELECTION (IF REQUIRED)<br>\$ _____ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br><br>DATE<br><br> |                               | CALENDAR YEAR<br><br>\$ _____<br>PER ELECTION (IF REQUIRED)<br>\$ _____ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br><br>DATE<br><br> |                               | CALENDAR YEAR<br><br>\$ _____<br>PER ELECTION (IF REQUIRED)<br>\$ _____ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br><br>DATE<br><br> |                               | CALENDAR YEAR<br><br>\$ _____<br>PER ELECTION (IF REQUIRED)<br>\$ _____ |                             |

SUBTOTAL \$

4

Enter on  
Summary Page,  
Line 17 only.



**Schedule C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|   |  |                               |
|---|--|-------------------------------|
| Statement covers period<br>from <u>9/14/24</u><br>through <u>10/21/24</u> |  | <b>CALIFORNIA FORM 460</b>    |
|   |  | Page <u>7</u> of <u>13</u>    |
| NAME OF FILER<br><u>Aiden Hill for Newark School Board 2024</u>           |  | I.D. NUMBER<br><u>1471550</u> |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE*  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|----------------------------------|---------------------------|---|---------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.).....\$ 0

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ 0

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ 0

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

Amounts may be rounded  
to whole dollars.

SCHEDULE D

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>9/14/24</u><br>through <u>10/21/24</u> | <b>CALIFORNIA FORM 460</b>    |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aiden Hill for Newark School Board 2024

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT   | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |   |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |   |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |   |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |                           |                    |   |                                    |

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL.. \$** 0



# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period

from 9/14/24

through 10/21/24

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aiden Hill for Newark School Board 2024

I.D. NUMBER

1471550

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

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)    | CODE OR    | DESCRIPTION OF PAYMENT   | AMOUNT PAID  |
|--|------------|--|--------------|
| <u>Cal Voter</u><br>[REDACTED]<br><u>7-ance, CA 90505 FPPC#1468377</u> | <u>LIT</u> | <u>Payment for Cal Voter</u><br><u>mailing going to 4 households</u> | <u>\$492</u> |
|  |            |  |              |
|  |            |  |              |

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

SUBTOTAL \$ 492

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 492
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 492

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

# Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

|   |                             |
|---|-----------------------------|
| Statement covers period<br>from <u>9/14/24</u><br>through <u>10/21/24</u> | <b>CALIFORNIA FORM 460</b>  |
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| I.D. NUMBER<br><u>1471550</u>   |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aiden Hill for Newark School Board 2024

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>  |                                   | <b>\$</b>   | <b>\$</b>                             | <b>\$</b>   | <b>\$</b>  |

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

## 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 \$**   X
- 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 \$**   X
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$**   X

May be a negative number

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## Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

CALIFORNIA FORM 460

Statement covers period  
from 9/14/24  
through 10/2/24

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1471550

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 4

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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# Schedule H Loans Made to Others\*

Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period  
from 8/14/24  
through 10/21/24

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aiden Hill for Newark School Board 2024

I.D. NUMBER

1471550

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>LOANED THIS<br>PERIOD | (c)<br>REPAYMENT OR<br>FORGIVENESS<br>THIS PERIOD*   | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>RECEIVED | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>LOANS<br>TO DATE                   |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---|
|  |   |   |  | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                              | _____%<br>RATE<br>\$ _____  | \$ _____<br><br>DATE INCURRED _____  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
|  |   |   |  | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                              | _____%<br>RATE<br>\$ _____  | \$ _____<br><br>DATE INCURRED _____  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b>   |   |   | \$ _____                               | \$ _____   | \$ _____  | \$ _____                    |                                      |   |

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

- Loans made this period.....\$ 7  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$ 2  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 5  
(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

\*\*If Required



**Schedule I**  
**Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 9/14/24  
through 10/21/24

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aiden Hill for Newark School Board 2024

I.D. NUMBER  
1471350

| DATE<br>RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF<br>INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

- Itemized increases to cash this period. ....\$ 0
- Unitemized increases to cash of under \$100 this period. ....\$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ....\$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ....**TOTAL \$** 0

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