

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|   |   |   |                   |   |   |
|---|---|---|-------------------|---|---|
| <b>NAME OF FILER</b><br>Sharlene Johnson for College Board 2024 |   | <b>Date of This Filing</b> 08/28/2024   | <b>Date Stamp</b> | <div style="border: 2px solid black; padding: 5px; color: red; font-weight: bold;"> E-Filed<br/>08/28/2024<br/>13:19:02<br/><br/> Filing ID:<br/>212002423 </div> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(951)742-7886                  | <b>I.D. NUMBER (if applicable)</b><br>1473057 | <b>Report No.</b> 08282024  |                   |   |   |
| <b>STREET ADDRESS</b>   |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small> |                   |   |   |
| <b>CITY</b><br>Riverside  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>92501  |                   |   |   |
|   |   | <b>No. of Pages</b> 1   |                   |   |   |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED   |
|---------------|--|---|--|---|
| 08/27/2024    | Landscape Development, INC<br>Valencia, CA 91355   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 5,000.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate         |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate         |

\*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

Reason for Amendment: \_\_\_\_\_