

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|   |   |  |   |  |
|---|---|--|---|--|
| <b>NAME OF FILER</b><br>The Committee to Support the Bond to Repair and Modernize Burbank Unified School Sites 2024, Yes on Measure ABC |   | <b>Date of This Filing</b> <u>10/11/2024</u>                                     | Date Stamp<br><br><div style="border: 1px solid red; padding: 5px; text-align: center; color: red;">                     E-Filed<br/>                     10/11/2024<br/>                     14:48:18<br/><br/>                     Filing ID:<br/>                     212293151                 </div> | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                         CALIFORNIA FORM 497                     </div> For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br><br>(818)314-5166  | <b>I.D. NUMBER (if applicable)</b><br><br>1471334 | <b>Report No.</b> <u>ABC-CR-20241011</u>   |   |  |
| <b>STREET ADDRESS</b><br><br>_____<br>_____   |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |  |
| <b>CITY</b><br><br>North Hollywood  | <b>STATE</b><br><br>CA                            | <b>ZIP CODE</b><br><br>91605   | <b>No. of Pages</b> <u>1</u>  |  |

## 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  |
|---------------|--|---|--|--|
| 10/11/2024    | Flewelling & Moody Inc<br>Pasadena, CA 91101   | <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 |  | 15,000.00<br><br><input type="checkbox"/> Check if Loan<br><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>_____%<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>_____%<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: \_\_\_\_\_