497 Contribution Report

Amounts may be rounded to whole dollars.

							497 C	ONTRIBUTION REPORT
NAME OF FILER Yes on Measure AS for Arcadia Schools				Date of This Filing09/18/2024		Date Stamp	CALIFORNIA 497	
								FORM 431
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)		Report No. 20240918		E-Filed		Official Use Only
(626)244-7891		1474513		Report No. 20	0240918	09/18/2024		
STREET ADDRESS						18:22:30		
				☐ Amendment to Report No.		Filing ID: 212113692		
CITY		STATE	ZIP CODE	(explain below)				
				No. of Pages	2			
Arcadia		CA	91006	1101 011 03-1				
1. Contributi	ion(s) Received							
DATE			BUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER		AMOUNT	
RECEIVED		(IF COMMITTEE, ALSO E	ENTER I.D. NUMBER)		CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		RECEIVED
09/18/2024	Converse Consultant						1,000.00	
	Monrovia, CA 91016	Ó			COM			
					I SOM			☐ Check if Loan
					☐ PTY			Officer in Louis
					scc			%
								Provide interest rate
09/18/2024	Dierk Esseln Pasadena, CA 91107	7			X IND	Asst Supe Business Arcadia Unified School	l District	1,000.00
					СОМ			
					☐ OTH			☐ Check if Loan
					☐ PTY			
					□ scc			% Provide interest rate
09/18/2024	Orbach Huff & Hende	erson						2,500.00
	Century City, CA 9				☐ IND			
					COM			
					☑ OTH			☐ Check if Loan
					☐ PTY ☐ SCC			0/
								Provide interest rate
						*Contributor Code	S	
				IND – Individual COM – Recipient Committee (other than PTY or S				
						COM – Recipient 0 OTH – Other (e.g.		
December Amor	admant.					PTY – Political Par		
Reason for Amer	ndment:					SCC – Small Contr	ibutor Committ	ee

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Yes on Measure As	ls	Date of This Filing	09/18/2024	Date Stamp	CALIFORNIA 497			
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)		Report No. 20240918			For	Official Use Only
(626)244-7891 1474513			Report No.					
STREET ADDRESS				Amendment to Report No.				
CITY		STATE	ZIP CODE	(explain below)				
Arcadia	CA 91006 No. of Pa				2			
1. Contribution	n(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
	tBP Architecture Newport Beach, CA 92660				☐ IND			10,000.00
					☐ OTH ☐ PTY			☐ Check if Loan
					scc			%
								Provide interest rate
	David Vannasdall Azusa, CA 91702					Superintendent Arcadia Unified School I	District	1,000.00
					SCC			Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
								Provide interest rate
Reason for Amendm	nent:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness ent	ty)