

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|--|---|---|------------------------------|---|
| NAME OF FILER Committee for Safe, Modern San Marino Schools - Yes on M | | Date of This Filing <u>10/02/2024</u> | Date Stamp | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">E-Filed 10/02/2024 12:08:15</p> <p style="color: red; margin: 5px 0 0 0;">Filing ID: 212227212</p> </div> |
| AREA CODE/PHONE NUMBER (714)540-2295 | I.D. NUMBER (if applicable) 1471290 | Report No. <u>24-13</u> | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | | |
| CITY San Marino | STATE CA | ZIP CODE 91108 | No. of Pages <u>1</u> | |

CALIFORNIA FORM 497

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1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|--|---|--|---|
| 10/02/2024 | Balfour Beatty Construction Dallas, TX 75201 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,500.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% 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: _____