

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>10/17/2024</u> | Date Stamp | <div style="border: 2px solid black; padding: 5px; color: red; font-weight: bold;"> E-Filed 10/17/2024 08:57:51 Filing ID: 212324426 </div> |
| AREA CODE/PHONE NUMBER <u>(714)540-2295</u> | I.D. NUMBER (if applicable) <u>1471290</u> | Report No. <u>24-19</u> | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY <u>San Marino</u> | STATE <u>CA</u> | ZIP CODE <u>91108</u> | No. of Pages <u>1</u> | |

CALIFORNIA FORM 497

For Official Use Only

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 |
|---------------|--|---|--|---|
| 10/16/2024 | Richard Sharrah Burbank, CA 91506 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director Education HPI Architecture | 2,500.00 <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 |
| | | <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: _____