

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|  |   |  |                       |   |
|--|---|--|-----------------------|---|
| <b>NAME OF FILER</b><br>Committee for Safe, Modern San Marino Schools - Yes on M |   | <b>Date of This Filing</b> 09/10/2024  | <b>Date Stamp</b>     | <div style="border: 2px solid black; padding: 5px; color: red; font-weight: bold;">             E-Filed<br/>09/10/2024<br/>12:14:09<br/><br/>             Filing ID:<br/>212063696           </div> |
| <b>AREA CODE/PHONE NUMBER</b><br>(714)540-2295                                   | <b>I.D. NUMBER (if applicable)</b><br>1471290 | <b>Report No.</b> 24-7   |                       |   |
| <b>STREET ADDRESS</b>  |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                       |   |
| <b>CITY</b><br>San Marino  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>91108   | <b>No. of Pages</b> 1 |   |

CALIFORNIA FORM 497

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## 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   |
|---------------|--|---|--|---|
| 09/09/2024    | Karen Wicke<br>San Marino, CA 91108  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President<br>Pearson Sibert Oil Co   | 1,000.00<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            |  | <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            |  | <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: \_\_\_\_\_