Ь	a similant Campusitta a					COVER PAGE
C	ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.5)				Date Stamp E-Filed	CALIFORNIA 460 FORM
(0)	overiment code dections 04200-04210.5)	Statement cove		Date of election if applicable: (Month, Day, Year)	09/26/2024 12:12:55 Filing ID:	Page1 of17 For Official Use Only
SE	E INSTRUCTIONS ON REVERSE	through09/21/2	024	11/05/2024	212175792	
1.	Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4		2. Type of Statement:		
	 ☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee 	Primarily Formed Ballot M Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candida Officeholder Committee (Also Complete Part 7)		□	Spectormination) State	terly Statement ial Odd-Year Report plemental Preelection ment - Attach Form 495
3.	Committee Information	I.D. NUMBER	<u> </u>	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	1471290 F)		NAME OF TREASURER		
	Committee for Safe, Modern San Marino Schools - Yes on M			Lysa Ray MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)			CITY Santa Ana	STATE ZIP CO	
	CITY STATE ZIP	CODE AREA COD	E/PHONE	NAME OF ASSISTANT TREASUR		(121,010 120
	San Marino CA 91	.108 (714)5	40-2295			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C.). BOX		MAILING ADDRESS		_
		CODE AREA COD	E/PHONE	CITY	STATE ZIP CO	ODE AREA CODE/PHONE
	Santa Ana CA 92 OPTIONAL: FAX / E-MAIL ADDRESS	2704				
	lysaray.campaignservices@gmail.com			OPTIONAL: FAX / E-MAIL ADDRE	ESS	
4.	Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo	ving this statement and to the rnia that the foregoing is true	e best of my knowle and correct.	edge the information contained here	ein and in the attached schedu	les is true and complete. I certify
	Executed on	Ву	Lysa Ray	Signature of Treasurer or Assistant T	reasurer	
	Executed on	Ву	Signature of Controlli	ng Officeholder, Candidate, State Measure Prop	ponent or Responsible Officer of Sponsor	
	Executed onDate	Ву	Sig	nature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	
	Executed onDate	Ву	Sig	nature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	 FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2									
	ORNIA ORM	4	160						
Page _	2	of _	17						

CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO COMMITTEE NAME I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPO NAME OF OFFICEHOLDER OR CANDIDATE OFFICEHOLDER	Officeholder or Candidate Controlled Committee			Primarily Formed Bal	lot Measure	Committee			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME NAME OF TREASURER CONTROLLED COMMITTEE? OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD SUPPOSE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOSE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOSE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFF	NAME OF OFFICEHOLDER OR CANDIDATE				nd				
Residential business address (NO. AND STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state measure proponent, NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. I.D. NUMBER	OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION			
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Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. I.D. NUMBER	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY STATE ZIP		Identify the controlling o	fficeholder, ca	andidate, or sta	ate measure	proponent, if any	
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Officeholder(s) or candidate(s) for which this committee is primarily formed. YES NO NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPORTUNE COMMITTEE NAME I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPORTUNE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPORTUNE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPORTUNE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPORTUNE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTUNE OPPORTU	COMMITTEE NAME	I.D. NUMBER							
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	NAME OF TREASURER			NAME OF OFFICEHOLDER OR	R CANDIDATE	OFFICE SOUC	GHT OR HELD	SUPPOSE OPPOSE	
	COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)							
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	CITY STATE	ZIP CODE AREA CODE/PHONE		Att	ach continuat	ion sheets if n	necessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Stater	ment covers period	CALIFORNIA	460
m	01/01/2024	FORM	-100

SUMMARY PAGE

01/01/2024 from _ Page $\frac{3}{17}$ of $\frac{17}{17}$ 09/21/2024 through _

I.D. NUMBER 1471290

Committee for Safe, Modern San Marino Schools - Yes on M **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 46,980.00 46,980.00 0.00

46,980.00 46,980.00 4. Nonmonetary Contributions Schedule C, Line 3

\$ 46,980.00

1/1 through 6/30 7/1 to Date

Expenditure Limit Summary for State

20. Contributions Received

21. Expenditures Made

Expenditures Made

7. Loans Made Schedule H, Line 3 0.00 0.00 0.00 **\$** 17,272.09

Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

> Date of Election Total to Date (mm/dd/yy)

Current Cash Statement		/	\$

0.00

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _______ 46,980.00 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 17,272.09 29,727.91 16. **ENDING CASH BALANCE** Add Lines 12 + 13 + 14, then subtract Line 15 \$

amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if anv).

To calculate Column B, add

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

If this is a termination statement, Line 16 must be zero.

0.00

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	•	SCHEDULE CALIFORNIA 460 FORM	
SEE INSTRUCTIO	ONS ON REVERSE			through	024	Page4 of17	
NAME OF FILER Committee for	or Safe, Modern San Marino Schools - Yes on M					I.D. NU	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
09/19/2024	Alli Creations El Monte, CA 91732	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	50	00.00	
09/20/2024	Philip Barragan Anaheim, CA 92817		President Vital Inspection Services	500.00	50	00.00	
08/29/2024	Darbin Chan San Gabriel, CA 91775		Homemaker	100.00	10	00.00	
09/18/2024	Chih-Chien Joseph Chang San Marino, CA 91108		Retired	500.00	50	00.00	
09/11/2024	Henry Chang San Marino, CA 91108		Pharmacist 986 Pharmacy	100.00	40	00.00	

SUBTOTAL\$

1,700.00

Schedule A Summary

Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.)

 Amount received this period – unitemized monetary contributions of less than \$100

\$ 1,685.00

 *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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received	Amounts may to whole o		Statement covers period from01/01/2024		CALIFORNIA 460		
			through 09/21/	2024	Page ⁵ of _	17	
IAME OF FILER					I.D. NUMBER		
committee for Safe, Modern San Marino Schools - Yes on M					1471290		
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO D	ATE	
09/19/2024 Henry Chang San Marino, CA 91108		Pharmacist 986 Pharmacy	300.00	400	0.00		
09/09/2024 Yvonne Chen San Marino, CA 91108		Retired	100.00	100	0.00		
09/15/2024 Yvonne Cheng San Marino, CA 91108	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100	0.00		
09/09/2024 Jane Jodie Chon San Marino, CA 91108		Homemaker	140.00	220	0.00		
09/20/2024 Jane Jodie Chon San Marino, CA 91108		Homemaker	80.00	220	0.00		
		SUBTOTALS	\$ 720.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

SCHEDULE A (CONT.)

Amounts may be rounded

Statement covers period

	Staten	CALIF	CALIFORNIA 460					
1	rom	01/01/2024	FC	RM		+0U		
1	through	09/21/2024	Page _	6	_ of _	17		
			I.D. NUN	/BER				
			147129	90				

NAME OF FILER

Committee for Safe, Modern San Marino Schools - Yes on M

PER ELECTION IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **RECEIVED** CODE * (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 08/19/2024 Colbi Technologies Inc 5,000.00 5,000.00 Tustin, CA 92780 ПСОМ X OTH PTY □SCC 09/18/2024 Shelly Cryan 500.00 500.00 Admin XIND Alhambra USD San Marino, CA 91108 COM \Box OTH ☐ PTY SCC 09/09/2024 100.00 100.00 Beth Davis Homemaker X IND San Marino, CA 91108 COM OTH ☐ PTY □ SCC 09/08/2024 Cheryl Freiburg Marketing 100.00 X IND San Gabriel, CA 91775 Self □ COM OTH ☐ PTY SCC 200.00 09/11/2024 Christen Gair Investment Banker 200.00 X IND Pasadena, CA 91107 Piper Sandler COM OTH □ PTY □ SCC

SUBTOTAL\$

5,900.00

to whole dollars.

*Contributor Codes

IND - Individual

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(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

				from01/01/	2024	FORM TOO
				through ^{09/21/}	²⁰²⁴ P	Page7 of17
NAME OF FILER					1	.D. NUMBER
Committee for	Safe, Modern San Marino Schools - Yes on M				1	1471290
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN. 1 - DEC. 3	TO DATE (IF REQUIRED)
09/18/2024	Francesca Gill Pasadena, CA 91106		Homemaker	500.00	500	0.00
09/11/2024	HED Royal Oak, MI 48067	☐IND ☐COM ☑OTH ☐PTY ☐SCC		5,000.00	5,000	0.00
09/15/2024	Joe Jiang San Marino, CA 91108		Sales Wakou USA Inc	100.00	100	0.00
09/12/2024	John Chon DO Inc Altadena, CA 91001	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500	0.00
09/04/2024	Janvi Kanani Pasadena, CA 91106		Architect Arcadis	1,000.00	1,000	0.00
			SUBTOTAL	7,100.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

DATE RECEIVED THE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED THIS (PECUNET) DATE RECEIVED THIS (PECUNET) PATISA SAKaguchi Kelly San Marino, CA 91108 09/10/2024 Marisa Sakaguchi Kelly San Marino, CA 91108 08/12/2024 Knowland Inc Rancho Palos Verdes, CA 90275 08/12/2024 Marisa Sakaguchi Kelly San Marino, CA 91108 08/12/2024 Marisa Sakaguchi Kelly San Marino, CA 91108 08/12/2024 Knowland Inc Rancho Palos Verdes, CA 90275 07/16/2024 Pater Koh Pasadena, CA 91106 07/16/2024 Marguerite Lindsay San Gabriel, CA 91775 08/10/2024 Marguerite Lindsay San Gabriel, CA 91775 08/10/2024 Marguerite Lindsay San Gabriel, CA 91775 08/10/2024 Marguerite Lindsay San Gabriel, CA 91775					from01/01/	2024	F	ORM	4(UU
DATE RECEIVED TILL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED TILL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE ** DATE RECEIVED TILL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE ** OF RUSNINSS OF RUSNINSS					through ^{09/21/}	2024	Page _	8	of	7
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE	IAME OF FILER						I.D. NU	MBER		
DATE POLINAME. SIREE JADRESS AND JAP COLOG OF CODE CONTRIBUTOR CODE CONTRIBUTOR CODE CONTRIBUTOR CODE CONTRIBUTOR CODE CODE CONTRIBUTOR (FELF-MENOYDE DETER NAME OF BUSINES) TO DATE (FELF-MENOYDE	ommittee for	Safe, Modern San Marino Schools - Yes on M					14712	90		
San Marino, CA 91108		(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	EAR . 31)		TO DATE	
San Marino, CA 91108	09/03/2024		□COM □OTH □PTY	Homemaker	100.00	1	25.00			
Rancho Palos Verdes, CA 90275 COM OTH PTY SCC 07/16/2024 Peter Koh Pasadena, CA 91106 COM OTH PTY SCC 09/08/2024 Marguerite Lindsay San Gabriel, CA 91775 Mind OTH PTY SCC SPED SMUSD 200.00 200.00 200.00	09/10/2024		□COM □OTH □PTY	Homemaker	25.00	1	25.00			
Pasadena, CA 91106 Cedars Sinai Medical Group OP/08/2024 Marguerite Lindsay San Gabriel, CA 91775 Soc SPED SMUSD OOH OTH OTH OTH OTH OTH OTH OTH OTH OT	08/12/2024		☐COM ☑OTH ☐PTY		5,000.00	5,0	00.00			
San Gabriel, CA 91775 COM OTH PTY SCC	07/16/2024		□COM □OTH □PTY			5	00.00			
SURTOTAL \$ 5.825.00	09/08/2024		□COM □OTH □PTY		200.00	2	00.00			
CODITIONE OF THE PROPERTY OF T				SUBTOTAL	5,825.00					

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o		Statement cover	2024	FC	FORNIA 460 9 of 17
NAME OF FILER						I.D. NU	MBER
Committee for	r Safe, Modern San Marino Schools - Yes on M					14712	90
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/16/2024	Meimei Liu Pasadena, CA 91101		Realtor Self	100.00	1	00.00	
09/10/2024	Janice Lee McMahon Pasadena, CA 91107		Realtor BHHS Cal Properties	2,000.00	2,0	00.00	
09/09/2024	Alison Moller San Marino, CA 91108		Retired	250.00	2	50.00	
09/06/2024	Amy Morris San Marino, CA 91108		Homemaker	100.00		00.00	
09/04/2024	Neff Construction Inc Ontario, CA 91761	□IND □COM ☑OTH □PTY □SCC		5,000.00	5,0	00.00	
			SUBTOTALS	7,450.00			

Amounts may be rounded

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		from 01/01/	•	FORM 460		
				through09/21/	2024	Page _	10 of17	
NAME OF FILER						I.D. NUN	MBER	
Committee for	r Safe, Modern San Marino Schools - Yes on M					147129	90	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/17/2024	Mikah OMara San Marino, CA 91108		Homemaker	500.00	5	00.00		
09/10/2024	Stacy Paek San Marino, CA 91108		Attorney Seyfarth Shaw	100.00	1	00.00		
09/16/2024	PBK Rancho Cucamonga, CA 91730	□IND □COM ☑OTH □PTY □SCC		5,000.00	5,0	00.00		
09/19/2024	David Pierce San Marino, CA 91108		Retired	100.00	1	00.00		
09/08/2024	San Marino Unif Teachers Assn CTA NEA San Marino, CA 91118	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,000.00	1,0	00.00		
			SUBTOTAL\$	6,700.00				

Amounts may be rounded

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o		Statement cove	-		ORNIA 460
				through 09/21/	2024	Page	11 of17
NAME OF FILER						I.D. NUM	BER
Committee for	Safe, Modern San Marino Schools - Yes on M					147129	0
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
09/12/2024	S-Metric Inc Los Angeles, CA 90004	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	50	00.00	
09/03/2024	Kimi Suehiro San Gabriel, CA 91775		SLP Alhambra USD	100.00	10	00.00	
09/09/2024	Hal Suetsugu San Marino, CA 91108		Strategic Planning Evan Brooks Assoc	200.00	20	00.00	
08/12/2024	TBP Architecture Newport Beach, CA 92660	□IND □COM ☑OTH □PTY □SCC		5,000.00	5,00	00.00	
09/15/2024	Sarah Wang San Marino, CA 91108		Retired	300.00	30	00.00	
			SUBTOTAL	6,100.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

DATE RECEIVED TO AN INDIVIDUAL ENTER AMOUNT RECEIVED THIS CALENDARY YEAR (JAN 1 - DEC. 31) DATE RECEIVED TO AND TO ADTE (IF REQUIRED) TO ADTE RECEIVED TO ADDE RECEIVE	Monetary	Contributions Received	Amounts may to whole o		from01/01/		CALIF	ORM 460
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR RECEIVED RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR CODE ** RECEIVED RECK! Matlington Pasadena, CA 91107 Received Physics SCC Received Physics SCC Received Physics Period (Precountry of Pasadena, CA 91107 Received Physics Period (Precountry of Pasadena, CA 91108 Received Physics Period (Precountry of Pasadena, CA 91					through09/21/	2024	Page _	12 of17
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR COOP. RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (COOP.) GOODE* COMMUTTEE, ALSO ENTER ID. NAMEER) GF SULFABLOODE ENTER NAME GF SULFABLOODE GE SULFABLOONE GE SULFABLO	IAME OF FILER			<u> </u>			I.D. NUI	MBER
DATE POLITIVE ADDRESS NY LANGE POLITIVE ASSOCIATION NAMER POLITIVE ASSOCIATION NAMER POLITIVE ASSOCIATION NAMER POLITIVE ASSOCIATION NAMER PERIOD POLITIVE ASSOCIATION NAMER PERIOD PERIOD POLITIVE ASSOCIATION NAMER PERIOD	ommittee for	r Safe, Modern San Marino Schools - Yes on M					14712	90
Pasadena, CA 91107				OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR YE	EAR	TO DATE
Tustin, CA 92780 COM	09/06/2024		□COM □OTH □PTY		100.00	10	00.00	
San Marino, CA 91108 COM	09/16/2024		☐COM ☑OTH ☐PTY		2,500.00	2,5(00.00	
Arcadia, CA 91006 COM OTH PTY SCC Winnie Zhang San Marino, CA 91108 SIND COM OTH PTY SCC COM OTH PTY SCC	09/09/2024		☐COM ☐OTH ☐PTY		1,000.00	1,00	00.00	
San Marino, CA 91108 COM OTH PTY SCC		Arcadia, CA 91006	☐COM ☐OTH ☐PTY	Lighthouse	100.00	10	00.00	
SUBTOTAL\$ 3,800.00	09/15/2024		☐COM ☐OTH ☐PTY		100.00	10	00.00	
				SUBTOTAL	\$ 3,800.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/01/2024	FORM TOU
through09/21/2024	Page of
	I.D. NUMBER
	1471290

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Safe, Modern San Marino Schools - Yes on ${\tt M}$

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112	cc processing	4.30
Anedot New Orleans, LA 70112	cc processing	8.60
Anedot New Orleans, LA 70112	cc processing	8.52

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 21.42

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	17,153.47
2. Unitemized payments made this period of under \$100\$	118.62
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	17,272.09

Schedule E	
(Continuation Shee	t)
Payments Made	•

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 400
through09/21/2024	Page14 of17
	I.D. NUMBER
	1471290

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Safe, Modern San Marino Schools - Yes on M

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants meetings and appearances returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals fundraising events polling and survey research **TRS** POL

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor POS TSF LEG legal defense professional services (legal, accounting) VOT voter registration

campaign literature and mailings PRT LIT

WEB information technology costs (internet, e-mail) print ads

NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Anedot 100.30 cc processing New Orleans, LA 70112 Anedot cc processing 32.70 New Orleans, LA 70112 Anedot cc processing 101.42 New Orleans, LA 70112 2.20 Anedot cc processing New Orleans, LA 70112 Anedot cc processing 12.30 New Orleans, LA 70112

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

248.92

Schedule E	
(Continuation Sheet))
Payments Made	

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 460
through09/21/2024	Page 15 of 17
	I.D. NUMBER
	1471290

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Safe, Modern San Marino Schools - Yes on M

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals polling and survey research fundraising events POL

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS legal defense LEG professional services (legal, accounting) VOT voter registration

WEB information technology costs (internet, e-mail) LIT

campaign literature and mailings PRT print ads

- Campaign incrature and mailings	TRI plint ads	WEB Information technology	occie (internet, o mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112		cc processing	1.10
Anedot New Orleans, LA 70112		cc processing	21.96
Anedot New Orleans, LA 70112		cc processing	24.90
Lysa Ray Campaign Services Santa Ana, CA 92704	PRO		1,650.00
Lysa Ray Campaign Services Santa Ana, CA 92704	PRC		500.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

2,197.96

Schedule E	
(Continuation She	et)
Payments Made	-

Amounts may be rounded to whole dollars.

	(
Statement covers period	CALIFORNIA 460
from01/01/2024	FORM TOO
through09/21/2024	Page16 of17
	I.D. NUMBER
	1471290

transfer between committees of the same candidate/sponsor

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Safe, Modern San Marino Schools - Yes on M

independent expenditure supporting/opposing others (explain)*

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating CVC civic donations TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals POL

POS VOT voter registration LEG legal defense professional services (legal, accounting)

campaign literature and mailings WEB information technology costs (internet, e-mail) LIT PRT print ads

postage, delivery and messenger services

TSF

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Team CivX Orinda, CA 94563	CNS			14,685.17

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

14,685.17

Schedule G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 40U
through09/21/2024	Page17 of17
	I.D. NUMBER
	1471290

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Committee for Safe, Modern San Marino Schools - Yes on M

Team CivX

00.	JEO. If one of the following codes do	daratory december the	paymont, you may onto	and dodd. Otherwise	o, accombo the payment.	
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions	

CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF

LEG legal defense professional services (legal, accounting) VOT voter registration

campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODE (OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CMP		1,310.86

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

1,310.86

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.