

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED BY CONTRIBUTION REPORT

Prop
RLS

NAME OF FILER Committee to Repair Manhattan Beach Schools Yes on Measure RLS		Date of This Filing 09/17/24	RECEIVED BY CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only 2024 SEP 16 CAMPAIGN FINANCE
AREA CODE/PHONE NUMBER 424 282 8384	I.D. NUMBER (if applicable) 1474330	Report No. 1	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Manhattan Beach	STATE CA	ZIP CODE 90266	No. of Pages 1

1. Contribution(s) Received

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
9/16/24	Larry Zimbalist Manhattan Beach CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000.00 <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

Reason for Amendment: _____

****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

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