

497 Contribution Report

Amounts may be rounded to whole dollars.

*PRP
RLS*

| | | | | |
|--|---|---|--|---|
| NAME OF FILER Committee to Repair Manhattan Beach Schools Yes on Measure RLS | | Date of This Filing 09/18/2024 | RECEIVED BY US ANGELES COUNTY 2024 SEP 18 AM 10:07 CAMPAIGN FINANCE | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 424 282 8384 | I.D. NUMBER (if applicable) 1474330 | Report No. 3 | | |
| 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 |
|---------------|---|---|---|---|
| 09/18/2024 | Pringle Group Torrance CA 90501 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1500 <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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