

PROP
RLS

497 Contribution Report

Amounts may be rounded to whole dollars.

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Date Stamp
LOS ANGELES COUNTY
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CAMPAIGN FINANCE

CALIFORNIA FORM 497
For Official Use Only

NAME OF FILER
Committee to Repair Manhattan Beach Schools Yes on Measure RLS

AREA CODE/PHONE NUMBER
424 282 8384

I.D. NUMBER (if applicable)
1474330

STREET ADDRESS

CITY STATE ZIP CODE
Manhattan Beach CA 90266

Date of This Filing **09/18/2024**

Report No. **4**

Amendment to Report No. _____
(explain below)

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	Greg Hartmann 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		1000 <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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 To:
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