

497 Contribution Report

Amounts may be rounded to whole dollars.

8124-4

NAME OF FILER Citizens for the Renewal of Measure MB			Date of This Filing 12/15/2023	Date Stamp RECEIVED LOS ANGELES COUNTY 2023 DEC 18 PM 3:07 CAMPAIGN FINANCE G11392	CALIFORNIA FORM 497 Official Use Only
AREA CODE/PHONE NUMBER 424 282 8384	I.D. NUMBER (if applicable) 1464751		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Redondo Beach	STATE CA	ZIP CODE 90278	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
12/13/2023	Gene Cheng 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	Finance / BAWAG Group	1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/14/2023	Ellen Rosenberg 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	5000 <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

SS