

0138-4

# 497 Contribution Report

PROP E

Amounts may be rounded to whole dollars.

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 LOS ANGELES COUNTY  
 2021 AUG 11 PM 12:44  
 CAMPAIGN FINANCE

CALIFORNIA FORM 497  
 For Official Use Only  
 611339

NAME OF FILER  
 Citizens for San Marino Schools - Yes on E

AREA CODE/PHONE NUMBER  
 626/287-3036

I.D. NUMBER (if applicable)  
 86-3535888

STREET ADDRESS

CITY STATE ZIP CODE  
 San Marino CA

Date of This Filing  
 8/11/2021

Report No.  
 5

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
8/11/2021	Alison Moller San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	housewife	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: additional donation

\* 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