

# Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Date Stamp  
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 CAMPAIGN FINANCE

CALIFORNIA FORM **450**

Page \_\_\_\_\_ of \_\_\_\_\_

For Official Use Only

Statement covers period  
 from \_\_\_\_\_  
 through \_\_\_\_\_

Date of election if applicable:  
 (Month, Day, Year)  
 6/29/21

### 1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

### 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Quarterly Statement
- Special Odd-year Report
- Amendment (Explain) \_\_\_\_\_  
 (Also check type of statement you are amending)

### 3. Committee Information

I.D. NUMBER  
86-3535888

COMMITTEE NAME  
Citizens for San Marino Schools-  
Yes on E

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
San Marino CA 91108 626/287-3036

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER  
Karen Wicko

MAILING ADDRESS  
San Marino CA 91108 626/805-5394

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this state under penalty of perjury under the laws of the State of California that the

information contained herein is true and complete. I certify

Executed on 1/19/22  
DATE

By \_\_\_\_\_

\_\_\_\_\_  
TREASURER

Executed on 1/19/22  
DATE

By \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PROPOSER, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSER