

LCDI
0138-4

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER PROP E Citizens for San Marino Schools - Yes on E		Date of This Filing <u>05/26/2021</u>	Date Stamp LOS ANGELES CO email 5/26/21 2021 MAY 26 PM 1:53 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only G11339
AREA CODE/PHONE NUMBER 626-808-5394	I.D. NUMBER (if applicable) 86-3535888	Report No. <u>2</u>		
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Marino	STATE CA	ZIP CODE 91108	No. of Pages <u>1</u>	

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
5/26/21	Nam Sun Paik Jack and John Michael Jack 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	Partner, Morgan Lewis Housewife	2500 <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