

0138-4

497 Contribution Report PROP E

Amounts may be rounded to whole dollars.

NAME OF FILER Citizens for San Marino Schools - Yes on E		Date of This Filing 7/23/21	RECEIVED BY LOS ANGELES COUNTY 2021 JUL 23 PM 12:19 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only G11339
AREA CODE/PHONE NUMBER 626/287-3036	I.D. NUMBER (if applicable) 86-3535888	Report No. 4		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Marino	STATE CA	ZIP CODE 91108		
		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
7/23/21	Robert L. Wicke, Karen M. Wicke 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	Director, Deloitte Consulting President, Pearson-Sibert	1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
7/23/21	Michael, Stefanie Killackey Temple City, CA 91780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Killackey Law Offices Housewife	2000 <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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