

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER KROESE FOR SCHOOL BOARD 2024			Date of This Filing <u>10/16/2024</u>	Date Stamp <div style="border: 2px solid red; padding: 10px; color: red; margin: 10px auto; width: fit-content;"> E-Filed 10/16/2024 17:16:46 Filing ID: 212322263 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)817-6679	I.D. NUMBER (if applicable) 1464961	Report No. <u>101624</u>			
STREET ADDRESS 			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	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
10/16/2024	Lisa Kroese Pasadena, CA 91107 This is a Loan - 0% Interest	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Self-Employed - No Separate Business Name	3,800.00 <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