## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

			-			497 CO	NTRIBUTION REPORT
NAME OF FILER			Date of		Date Stamp	CALIFORNIA 497	
Juan Carlos Pe	rez for PUSD Board Me	mber	This Filing _	10/08/2024			
AREA CODE/PHONE NUMBER (626) 817-2594		I.D. NUMBER (if applicable) 1471096	Report No. 1		E-Filed 10/08/2024 09:17:17	For Official Use Only	
STREET ADDRESS			☐ Amendme		Filing ID: 212260977		
CITY STATE ZIP CODE			(explain below)				
Norwalk		No. of Pages	2				
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAM	NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
09/14/2024	Kimberly Kenne Pasadena, CA 91104			Semi-retired Self-employed		5,000.00	
				☐ OTH ☐ PTY			☐ Check if Loan
				□ scc			% Provide interest rate
09/14/2024	Ernest Posey Altadena, CA 91001				Retired Retired		1,000.00
				OTH			☐ Check if Loan
				SCC			% Provide interest rate
09/24/2024	Karen Koch Glendora, CA 91741			Not employed Not employed		5,000.00	
				☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
							Provide interest rate
					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b	ousiness entit	
Reason for Amer	dment:				PTY – Political Party SCC – Small Contribu		ee

FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER  Juan Carlos Per	mber	Date of This Filing	10/08/2024	Date Stamp	CALIFORNIA 497 FORM FOR Official Use Only			
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)		Report No. 1				
(626)817-2594 1471096			Keport No					
STREET ADDRESS				☐ Amendment to Report No				
CITY		STATE	ZIP CODE	(explain below)				
Norwalk	rwalk CA 90650			No. of Pages	2			
1. Contributio	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
09/27/2024	James Tyberg Altadena, CA 91001				X IND	Not employed Not employed		5,000.00
					☐ OTH ☐ PTY			☐ Check if Loan
					SCC			Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan
								Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
					SCC			Provide interest rate
Reason for Amend	lment:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ty)