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497 Contribution Report Type or print in ink Amounts may be rounded to w					noie dollars.			
NAME OF EU ER	or PUSD School Board		Date of This Filing		APROLIZSIARIZ :39	CALIFORNIA 497		
AREA CODE/PHONE NUMBER (# appl/cable)			Report No. 1 Amendment to Report No. (stylain below)				or Official Use Only	
213-631-6518 1333730 STREET ADDRESS 262 S. Berkeley Ave.					CITY CLERK CITY OF PASADENA			
CITY Pasadena, CA	91107	STATE ZIP CODE		1				
1. Contribution	n(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD. NUAMBER)			CONTRIBUTOR CODE *	(F AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
04/11/2011	Janet Burman			X IND	Phlebotomist		3,700.00	
	262 S. Berkeley Av			COM OTH PTY	Diagnostic Lab		Check if Loan	
				□ scc		Pro	wovide interest rate	
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan % ovide interest rate	
·				IND COM OTH PTY SCC			Check if Loan %	
Reason for Amenda	ment:				"Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	mmittee (other the		