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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU' (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT- RECEIVED
2/5	Kimberty Kenne 1834 N Mer Vista Ane Passadena CA 91104		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Board Member PUSD	SÓOG.OO
2/5	Richard Webster 1824 W. Mar Vista Auce Pasudenc CH 91104		ÈX IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Quiner Soldistaricum	SOO, OO Check if Loan Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan % Provide interest rate
Reason for Amendme	nt:			**Contributor Codes IND — Individual COM — Recipient Committee (other OTH — Other (e.g., business entity PTY — Political Party SCC — Small Contributor Committee	y)

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