

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Committee to Elect Susan Jakubowski for City Council 2017		<b>DATE OF THIS FILING</b> 10/17/17		<b>DATE STAMP</b> RECEIVED 2017 OCT 17 P 3:35 CITY OF SAN MARINO CITY CLERK'S OFFICE		<b>CALIFORNIA FORM 497</b> For Official Use Only	
<b>AREA CODE/PHONE NUMBER</b> 626 289 7103		<b>REPORT NO.</b> 2					
<b>STREET ADDRESS</b> 1298 Roanoke Rd CITY San Marino		<b>AMENDMENT TO REPORT NO.</b> (explain below) No. of Pages 3					
<b>I.D. NUMBER (if applicable)</b> 1396250							
<b>STATE</b> CA		<b>ZIP CODE</b> 91108					

## 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
9/20-27	Various under \$99	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		270.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
9/14	Janet Condie [REDACTED] 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	Retired	100.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
9/27	Jean Willhite [REDACTED] 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	Retired	100.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%

**\*\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>CALIFORNIA FORM 497</b> For Official Use Only	
<b>NAME OF FILER</b> Committee to Elect Susan Jakubowski for City Council 2017 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1396250 STREET ADDRESS 1248 Roanoke Rd. CITY San Marino STATE ZIP CODE CA 91108	Date Stamp Date of This Filing 10/17/17 Report No. 2 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 3

## 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
9/29-30	Various under \$99	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		149.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/3	Bernard Sullivan 2326 Adair 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	Retired	100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/17	Gene Chaung 2902 Gainsborough 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	V P Engr. Sellbrite.com	100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

**\*\*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Committee to Elect Susan Jakubowski for City Council 2017	<b>Date Stamp</b> Date of This Filing: 10/17/17	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 925-289-7105	<b>Report No.</b> 2	
<b>I.D. NUMBER (if applicable)</b> 1396250	<input type="checkbox"/> Amendment to Report No. (explain below)	
<b>STREET ADDRESS</b> 2141 Robinson Rd	<b>No. of Pages</b> 3	
<b>CITY</b> San Mateo		
<b>STATE</b> CA		
<b>ZIP CODE</b> 91108		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/17	David and Tonia Pierce 1759 Chelsea San Mateo, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Attorney and Retired	200.00 <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

**\*\*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

Reason for Amendment: \_\_\_\_\_