

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Susan Jakubowski for City Council 2017		CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER 760-7103	I.D. NUMBER (if applicable) 1396250	Date Stamp RECEIVED 2017 OCT 20 A 9:05 CITY OF SAN MARINO CITY CLERK'S OFFICE	Date of This Filing 10/20/17
STREET ADDRESS 1748 Roanoke Rd. San Marino	STATE CA	Report No. 3	Amendment to Report No. (explain below) No. of Pages 2
ZIP CODE 91108	CITY CLERK'S OFFICE		

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
10/19	Suzanne Crowell 256 Oak Grove 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	150.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/19	Paul Brassard 1940 Alhambra Rd 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	500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/19	Dr. Andrew Fishmann 2064 E California Bl. 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	Physician - self-employed	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: _____

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Committee to Elect Susan Jakubowski for City Council 2017		Date of This Filing <u>10/20/17</u>	For Official Use Only
AREA CODE/PHONE NUMBER <u>626 289-7103</u>	I.D. NUMBER (if applicable) <u>1396250</u>	Report No. <u>3</u>	
STREET ADDRESS <u>1248 Roanoke Rd</u>		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY <u>San Marino</u>	STATE <u>CA</u>	No. of Pages <u>2</u>	
	ZIP CODE <u>91108</u>		

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
10/19	Phelps Wood <u>1400 Saint Albans Rd</u> <u>San Marino, CA 91108</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Tektest, Inc	1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/19	Various under 100.00	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	199.00 <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

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