

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Committee to Elect Susan Jakubowski for City Council 2017

AREA CODE/PHONE NUMBER [REDACTED] | **ID. NUMBER (if applicable)** 1396250

STREET ADDRESS [REDACTED] | **STATE** [REDACTED] | **ZIP CODE** [REDACTED]

CITY [REDACTED]

Date of This Filing 10/30/17 | **Date Stamp** 2017 OCT 30 A 8:33

Report No. 4 | **Amendment to Report No.** [REDACTED]

No. of Pages 1 | **RECEIVED**

CITY OF SAN MARINO
CITY CLERK'S OFFICE

CALIFORNIA FORM 497
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/27/17	Susan Jakubowski [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	3000.00 <input checked="" type="checkbox"/> Check if Loan 0 Provide interest rate %
10/25/17	Under \$100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00 <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: _____