

## 497 Contribution Report

Prop S

Amounts may be rounded to whole dollars.

2020-4

Encl.

NAME OF FILER Committee For Duarte Schools - Yes on S 2020		Date of This Filing 10/19/2020	RECEIVED BY LOS ANGELES COUNTY 10/19/20 2020 OCT 21 PM 4:00 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only  611309
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1431845	Report No. 8		
STREET ADDRESS 1191 Huntington Dr. #355		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Duarte	STATE CA	ZIP CODE 91010	No. of Pages 1	

## 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
10/19/2020	BCA Architects 111 N Market St, Ste 710 San Jose, CA 95113	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000 <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

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

\* 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



SS

2020-4 LCO  
LCO

# 497 Contribution Report

prop S

Amounts may be rounded to whole dollars.

NAME OF FILER Committee For Duarte Schools - Yes On S 20230		Date of This Filing 10/23/2020	RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 497 For Official Use Only 611309
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1431845	Report No. 11	2020 OCT 26 AM 11:24	
STREET ADDRESS 1191 Huntington Dr. #355		CAMPAIGN FINANCE		
CITY Duarte	STATE CA	ZIP CODE 91010	No. of Pages 1	

## 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
10/23/2020	Lord Architecture, Inc. 11650 Iberia Place, Ste 210 San Diego, CA 92128-2455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000 <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: \_\_\_\_\_

# 497 Contribution Report *PROP S*

Amounts may be rounded to whole dollars.

*Email*

NAME OF FILER Committee For Duarte Schools - Yes on S 2020		Date of This Filing 10/27/2020	RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1431845	Report No. 12	2020 OCT 28 AM 8:21	For Official Use Only
STREET ADDRESS 1191 Huntington Dr.		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	CAMPAIGN FINANCE 10/27/20	E11304
CITY Duarte	STATE Ca			

## 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
10/27/2020	Masseti Consulting LLC 8290 E Elerford St. Long Beach, CA 90808-3307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/27/2020	Kitchell 1707 East Highland Phoenix, AZ 85016	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000 <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: \_\_\_\_\_

SS



# 497 Contribution Report *Prop S*

2020 f-LCD2  
Encl

Amounts may be rounded to whole dollars.

1323615 NAME OF FILER Committee for Duarte Schools-Yes on S 2020		Date of This Filing 10/30/2020	RECEIVED BY LOS ANGELES COUNTY 10/30/20 2020 NOV -2 PM 4:34 CAMPAIGN FINANCE	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1431845	Report No. 497-14		CALIFORNIA FORM 497 For Official Use Only 011309
STREET ADDRESS 1191 Huntington Drive #355		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Duarte	STATE CA	ZIP CODE 91010		
		No. of Pages 1		

## 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
10/30/2020	Eric Hall 1888 Azul Vis San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eric Hall & Associates Eric Hall & Associates	2,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2020	Rebekah Roth 3546 Concours St Ontario, CA 91764	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect HMC Architects	2,500.00  <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

\*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: \_\_\_\_\_

# PROPS 497 Contribution Report

Amounts may be rounded to whole dollars.

2026  
Encl

NAME OF FILER committee For Duarte School - Yes On S 2020		Date of This Filing 10/29/2020	RECEIVED BY LOS ANGELES COUNTY 10/30/20 2 PM 4:35	<b>CALIFORNIA FORM 497</b> For Official Use Only <p>011309</p>
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1421845	Report No. 13	2020 NOV -2	
STREET ADDRESS 1191 Huntington dr.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Duarte, CA	STATE CA	ZIP CODE 91010	No. of Pages 1	

### 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
10/28/2020	Silver creek Industries, Inc 2830 Barrett Avenue Perris, CA 92571	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <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: \_\_\_\_\_

# 497 Contribution Report

PROP S

Amounts may be rounded to whole dollars.

2020-4

Email

NAME OF FILER Committee For Duarte Schools - Yes On S 2020		Date of This Filing 11/2/2020	<b>RECEIVED BY</b> <b>LOS ANGELES COUNTY</b> <b>11/2/20</b> <b>2020 NOV -3 AM 11:37</b> <b>CAMPAIGN FINANCE</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only  <b>611309</b>
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1431845	Report No. 15		
STREET ADDRESS 1191 Huntington Dr. #355		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1		
CITY Duarte	STATE CA	ZIP CODE 91010		

## 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
11/1/2020	Verde Design, Inc. 2455 The Alameda, Ste 200 Santa Clara, CA 95050	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/2/2020	Balfour Beatty Construction 3100 McKinnon St., Sixth Floor Dallas, TX 75201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/2/2020	KYA Services, LLC 1800 E McFadden Ave. Santa Ana, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <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

PROP 1

Amounts may be rounded to whole dollars.

2020-4-L001

NAME OF FILER Committee For Duarte Schools _ Yes On S 2020		Date of This Filing 11/4/2020	RECEIVED BY LOS ANGELES COUNTY 11/4/20 2020 NOV -5 AM 8:02	<b>CALIFORNIA FORM 497</b> For Official Use Only 011309
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1431845	Report No. 16	CAMPAIGN FINANCE No. of Pages 1	
STREET ADDRESS 1191 Huntington Dr. #355		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Duarte	STATE CA	ZIP CODE 91010		

## 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
11/3/2020	WLC Architects 8163 Rochester Ave. Ste 100 Rancho Cucamonga, CA 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		47,500 <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

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

\* 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

SS

# 497 Contribution Report *PROP S*

Amounts may be rounded to whole dollars.

*email*

*2020-4*

NAME OF FILER Committee For Duarte Schools - Yes On S 2020			Date of This Filing 11/10/2020	RECEIVED BY LOS ANGELES COUNTY 11/10/20 2020 NOV 17 AM 10:37 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 497</b> For Official Use Only  <i>611309</i>
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1431845		Report No. 17		
STREET ADDRESS 1191 Huntington Dr. #355			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Duarte	STATE CA	ZIP CODE 91010	No. of Pages 1		

## 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
11/10/2020	PREFAST Concrete Wall Systems 264 Michelle Court South San Francisco, CA 94080	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000 <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

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

\* 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