

497 Contribution Report

Amounts may be rounded to whole dollars.

2020 4

NAME OF FILER The Committee for Duarte Schools - Yes On S		Date of This Filing 9/29/2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) FPPC # 1431845	Report No. 2		
STREET ADDRESS 1191 Huntington Dr. #355		<input type="checkbox"/> Amendment to Report No. (explain below)		G11309
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
9/29/2020	Westgroup Designs, Inc. 19520 Jamboree Rd, Suite 100 Irvine, CA 92612	<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
9/29/2020	Atkinson, Andelson, Loya, Ruud & Romo 12800 Center Court Dr. Cerritos, CA 90703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,5000 <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

CC

497 Contribution Report

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2020-4 (initials)

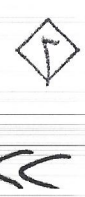
NAME OF FILER The Committee For Duarte Schools - Yes On S		Date of This Filing 10/1/2020	Date Stamp 10/1/20 2:27 G11309	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) FPPC# 1431845	Report No. 4		
STREET ADDRESS 1191 Huntington Dr		<input type="checkbox"/> 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
9/30/2020	Orbach, Huff, Suarez, & Henderson, LLP 1901 Avenue Of The Stars, Suite 575 Los Angeles, CA 90067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500 <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: _____

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2020-4-LCO,

NAME OF FILER The Committee For Duarte Schools - Yes On S		Date of This Filing 10/6/2020	RECEIVED BY LOS ANGELES COUNTY 2020 OCT -6 PM 2:30 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only G11309
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) FPPC # 1431845	Report No. 5		
STREET ADDRESS 1191 Huntington Dr.		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Duarte	STATE CA	ZIP CODE 91010		
1. Contribution(s) Received		No. of Pages 1		

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
10/5/2020	Erickson-Hall Construction Co. 500 Corporate Dr. Escondido, CA 92029	<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: _____

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NAME OF FILER Committee For Duarte Schools -Yes On S 2020		Date of This Filing 10/7/2020	Date Stamp 10/7/20	CALIFORNIA FORM 497 For Official Use Only G11309
AREA CODE/PHONE NUMBER (626)203-3039	I.D. NUMBER (if applicable) 1431845	Report No. 6		
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
10/7/2020	Fonder - Salari Management & Consulting 28368 Constellation Rd #360 Santa Clarita, CA 91355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/7/2020	Harik Construction Inc. 175 W. Arrow Hwy Glendora, CA 91740	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <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: _____

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2020-4-LCO1

Email

NAME OF FILER Committee For Duarte Schools - Yes On S 2020		Date of This Filing 10/9/2020	Date Stamp OCT 13 PM 10:22	CALIFORNIA FORM 497 For Official Use Only G11309
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1431845	Report No.		
STREET ADDRESS 1191 Huntington Dr.		<input checked="" type="checkbox"/> Amendment to Report No. 6 (explain below)	10/9/20	
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
10/7/2020	Amin Salari 26753 Sandburn Place Stevenson Ranch, CA 91381-1464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Fonder - Salari Management & Consulting	\$2,500 <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: Correct the name of the contributor and address.

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2020-4
Encl

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NAME OF FILER PPPS Committee For Duarte Schools - Yes On S 2020			Date of This Filing 10/10/2020	Date Stamp 10/10/20	CALIFORNIA FORM 497 For Official Use Only 611309
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1431845		Report No. 7		
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
10/10/2020	Floyd Auten Electric, Inc. 403 W. Fleetwood Place Glendora, CA 91740	<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

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SS

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2020-4

Email

NAME OF FILER Committee For Duarte Schools - Yes On S 2020		Date of This Filing 10/10/2020	Date Stamp 10/11/20	CALIFORNIA FORM 497 For Official Use Only G11309
AREA CODE/PHONE NUMBER (626) 203-3039	I.D. NUMBER (if applicable) 1431845	Report No. 7		
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	

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10/10/2020	Floyd Auten Electric, Inc. 403 W. Fleetwood Place Glendora, CA 91740	<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
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