

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Stammer for PUSD Board of Education 2022, Xilian		Date of This Filing 9/13/2022	REC'D Date/Stamp BY LOS ANGELES COUNTY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 255-6366	I.D. NUMBER (if applicable) 1451366	Report No. 2	2022 SEP 13 AM 8:39	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCE	
CITY Pasadena	STATE CA	ZIP CODE 91106	No. of Pages _____	9/13/22 EMAIL

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
9/13/2022	Andrew R Wilson Pasadena, CA 91106-3724	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not for Profit Executive The Alliance for SoCal Innovation	<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