

# 497 Contribution Report

Amounts may be rounded to whole dollars.

*Page 4*

NAME OF FILER <b>Committee for the Renewal of Measure MB - Yes on MB</b>		Date of This Filing <b>2/1/24</b>	RECEIVED BY <b>LOS ANGELES COUNTY</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only  <span style="font-size: 2em;"><b>011892</b></span>
AREA CODE/PHONE NUMBER <b>424 282 8384</b>	I.D. NUMBER (if applicable) <b>1464751</b>	Report No. <b>4</b>	<b>2024 FEB -1 PM 3:00</b>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Redondo Beach</b>	STATE <b>CA</b>	ZIP CODE <b>90278</b>	<b>CAMPAIGN FINANCE</b>  No. of Pages <b>1</b>	

## 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
<b>2/1/24</b>	<b>Stifel Nicolaus St Louis MO 63188</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>N/A</b>	<b>5000.00</b>  <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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

FROM: CARY WYMIANO FAX: 1462406308  
 TO: FAX: 12617027-202-4249  
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