

# 497 Contribution Report

Amounts may be rounded to whole dollars.

|                                                                                     |                                        |                                                                           |                                                                                         |                                                     |
|-------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| NAME OF FILER<br>Committee for Pleasanton Unified School District 2020 Bond Measure |                                        | Date of This Filing<br>02/02/2020                                         | Date Stamp<br><b>RECEIVED</b><br>Alameda County<br>FEB 03 2020<br><b>Reg. of Voters</b> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>[REDACTED]                                                | I.D. NUMBER (if applicable)<br>1423382 | Report No.<br>19                                                          |                                                                                         |                                                     |
| STREET ADDRESS<br>[REDACTED]                                                        |                                        | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |                                                                                         |                                                     |
| CITY<br>Pleasanton                                                                  | STATE<br>CA                            | ZIP CODE<br>94566                                                         | No. of Pages<br>1                                                                       |                                                     |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE*                                                                                                                                                       | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED                                                                       |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 02/02/2020    | Sixth Dimension<br>[REDACTED]<br>Sacramento, CA 95834                                                          | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                                              | 1000<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |                                                                                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                              | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate     |
|               |                                                                                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                              | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>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