

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>CALIFORNIA FORM 497</b> For Official Use Only	
<b>NAME OF FILER</b> Ken Ude <b>AREA CODE/PHONE NUMBER</b> [REDACTED] <b>STREET ADDRESS</b> [REDACTED] [REDACTED] [REDACTED] <b>CITY</b> San Marino	<b>Date Stamp</b> 10/10/17 <b>Report No.</b> 4 RECEIVED 2017 OCT 10 P 3:05 CITY OF SAN MARINO CITY CLERK'S OFFICE
<b>I.D. NUMBER (if applicable)</b> [REDACTED]	<b>Date of This Filing</b> 10/10/17 <b>Amendment to Report No. (explain below)</b> <input type="checkbox"/> <b>No. of Pages</b> 4
<b>STATE</b> CA <b>ZIP CODE</b> 91108	

## 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
10/2/17	Sherman McQueen [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/9/17	Phillip Matthews [REDACTED] Allandene, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input checked="" 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)
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- SCC - Small Contributor Committee

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<b>CALIFORNIA FORM 497</b> For Official Use Only		
NAME OF FILER <b>Ken Ude</b>	Date of This Filing <b>8/27/17</b>	Date Stamp <b>RECEIVED</b>
AREA CODE/PHONE NUMBER <b>929 333 3367</b>	I.D. NUMBER (if applicable)	Report No. <b>3</b>
STREET ADDRESS <b>1007 Twin Palms</b>	STATE <b>CA</b>	Amendment to Report No. <b>2017 AUG 28 A 7:27</b>
CITY <b>San Marino</b>	ZIP CODE <b>91108</b>	No. of Pages <b>8 CITY OF SAN MARINO CITY CLERK'S OFFICE</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
8/26/17	<b>Stephen Rogers</b> <b>40 Charles P</b> <b>San Marino, CA 91108</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	<b>\$1,000.00</b> <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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NAME OF FILER <b>Ken Ude</b>		Date Stamp <b>RECEIVED</b>		CALIFORNIA FORM <b>497</b> For Official Use Only	
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Date of This Filing <b>8/21/17</b>	Report No. <b>2</b>	2017 AUG 21 A 10:14	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)		CITY OF SAN MARINO CITY CLERK'S OFFICE	
CITY <b>SAN MARINO</b>	STATE <b>CA</b>	ZIP CODE <b>91108</b>	No. of Pages <b>2</b>		

## 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
8/20	John Gilbaugh [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/17	Andrew Ko [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	\$250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/19	Martha Guzman [REDACTED] South Pasadena, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home maker	\$250 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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<b>NAME OF FILER</b> Ken Ude	<b>Date Stamp</b> <b>RECEIVED</b> 2017 AUG 21 A 10:14	<b>DATE OF THIS FILING</b> 8/21/17	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> [REDACTED]	<b>Report No.</b> 2	
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY</b> San Marino	<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	
<b>STATE</b> CA	<b>ZIP CODE</b> [REDACTED]	<b>No. of Pages</b> 2	<b>CITY OF SAN MARINO CITY CLERK'S OFFICE</b>

## 1. Contribution(s) Received

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8/14	Peggy Heideman [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administration Hollenback House	\$200.00 <input type="checkbox"/> Check if Loan _____ Provide interest rate %
8/17	Sheena Kim [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	housewife	\$250.00 <input type="checkbox"/> Check if Loan _____ Provide interest rate %
8/19	Tom Whitaker [REDACTED] San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	\$250 <input type="checkbox"/> Check if Loan _____ Provide interest rate %

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NAME OF FILER <b>Ken Ude</b>		Date Stamp <b>RECALIFORNIA FORM 497</b>	
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) [REDACTED]	Date of This Filing <b>8-14-17</b>	For Official Use Only <b>2017 AUG 14 A 7:58</b>
STREET ADDRESS [REDACTED]		CITY OF SAN MARINO CITY CLERK'S OFFICE	
CITY [REDACTED]	STATE [REDACTED]	Report No. [REDACTED]	
ZIP CODE [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)	
		No. of Pages <b>3</b>	

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6/15	Phelps Wood [REDACTED] San Marino, CA 91768	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO, E-Z Hook	2,500.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
6/20/17	Claire and Charlene Johnson [REDACTED] San Marino, CA 91768	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
6/28	Dale Pederson [REDACTED] San Marino, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%

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<b>STREET ADDRESS</b> [REDACTED]			<b>Date of This Filing</b> 8-14-17	
<b>CITY</b> [REDACTED]	<b>STATE</b> CA	<b>ZIP CODE</b> 91108	<b>Report No.</b> _____	
			<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	
			<b>No. of Pages</b> 3	

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7/20	George Ball [REDACTED] San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO, Parsons	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
7/20	Jerry Hawk [REDACTED] San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/27	Ben Won [REDACTED] West Covina, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Industry Manufacturers Council	200.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>Report No.</b> _____		
<b>I.D. NUMBER (if applicable)</b> [REDACTED]	<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)		
<b>STREET ADDRESS</b> [REDACTED]	<b>No. of Pages</b> 3		
<b>CITY</b> [REDACTED]			
<b>STATE</b> CA			
<b>ZIP CODE</b> [REDACTED]			

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7/2/17	Harold Harrigian [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	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
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