

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER jeanne Hobson for City Council 2024			Date of This Filing 12/21/23	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER ■■■■-■■■■-■■■■	I.D. NUMBER (if applicable) 1464134		Report No. JHFCC-01		
STREET ADDRESS ■■■■ ■■■■ ■■■■			<input type="checkbox"/> Amendment to Report No. n/a (explain below)		
CITY La Canada Flintridge	STATE CA	ZIP CODE 91011	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/20/23	Kirsten McQueen 4723 Indianola Way La Canada Flintridge CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Counsel Blue-ray Disc Associaion	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/21/23	NWPC-GPA PAC PO Box 41573 Pasadena CA 91114	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

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