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497 Contribution Report

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NAME OF FILER	11 A. Fosselman	Date of	4-16-11	Date Stamp	CALIFO FOR	
AREA CODE/PHONE NUMBER 626, 278, 6715 I.D. NUMBER (if applicable)		Report No. CR-2		Fach via	For Official Use Only	
street ADDRESS 2120 CITY Pasad	Lambert Drive ena, CA 91107	☐ Amendmer to Report No. (explain below) No. of Pages		fax 4/16/11		
1. Contributio	n(s) Received			•		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND E (IF SELF-EMPLOYED, ENTER NAME (MPLOYER OF BUSINESS)	AMOUNT RECEIVED
4-15-11	Molly Munger 450 S. San Rafael Av. Pasadena, CA 91105	e.	IND COM OTH SCC	Lawyer English, Mw & Rice	nger	\$1,000.
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan
Reason for Amendr	nent:			**Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., t.) PTY – Political Part SCC – Small Contril	ousiness entity y	ty)

Type or print in ink.
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT