

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|  |  |  |                       |   |   |
|--|--|--|-----------------------|---|---|
| <b>NAME OF FILER</b><br>Mari Barke for OC Board of Education Trustee Area 2 for 2022 |  | <b>Date of This Filing</b> 04/22/2022  | <b>Date Stamp</b>     | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">E-Filed<br/>04/22/2022<br/>14:18:32</p> <p style="color: red; margin: 0;">Filing ID:<br/>203558182</p> </div> | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">CALIFORNIA FORM 497</div> <p style="color: black; font-weight: bold; margin: 0;">For Official Use Only</p> |
| AREA CODE/PHONE NUMBER   | I.D. NUMBER (if applicable)<br>1441604 | <b>Report No.</b> 2022-9   |                       |   |   |
| STREET ADDRESS   |  | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                       |   |   |
| CITY   | STATE                                  | ZIP CODE   | <b>No. of Pages</b> 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   |
|---------------|--|---|--|---|
| 04/21/2022    | Norman Metcalfe  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Senior Advisor<br>Balmoral Funds   | 1,500.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
| 04/21/2022    | Tafa Jefferson   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Health Care Executive<br>Tafa Jefferson  | 2,000.00<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         |

\*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

Reason for Amendment: \_\_\_\_\_