497 Contribution Report

Amounts may be rounded to whole dollars.

					×	497 CONTRIBUTION REPOR	
NAME OF FILER			Date of		Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		This Filing		RECEIVED	FORM TO I		
STREET ADDRESS			Amendme to Report No.		SEP 2 5 2024		
CITY Hawaiian Gardens		STATE ZIP CODE CA 90716	No. of Pages	1	HAWAIIAN GARDENS CITY CLERK		
1. Contribution	n(s) Received		·		:4		
DATE RECEIVED	FULL N	AME, STREET ADDRESS AND ZIP CODE OF CO	ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF		
09/25/2024	Maria <u>De Lourdes</u> Hawaiin Gardens, This is a loan			IND COM OTH PTY SCC	Homemaker N/A	☐ Check if Loan	
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan Provide interest rate	
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan Provide interest rate	
Reason for Amendn	nent:				"Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribut		