497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER				Date of 10	/27/24	Date Stamp CALIF		
		I.D. NUMBER (if applicable) 1472982 STATE CA	ZIP CODE 94930	This Filing Report No. 3 Amendment to Report No. (explain below) No. of Pages 1		OCT 2 9 2024 RECEIVED	. 3.1111	
DATE RECEIVED	, STREET ADDRESS AN (IF COMMITTEE, ALSO EI	UTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED		
10/26/24	Cindy Swift Fairfax, CA 94930				IND COM OTH PTY SCC			5000.00 Check if Loan Provide Interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan ———————————————————————————————————
					IND COM OTH PTY SCC			Check if Loan
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		