## **497 Contribution Report**

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

497 CONTRIBUTION REPORT

NAME OF FILER Marcos Granados		Date of 10/11/2024		Date Stamp	CALIFORNIA 497			
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			ole)			DECEIVED	For Official Use Only	
1473099			Report No  Amendment to Report No		RECEIVED OCT 11, 2024			
STREET ADDRESS					001 11, 2024			
CITY	STATE ZIP CODE		(explain below)  No. of Pages1					
Coachella	CA 92236							
1. Contribution	n(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			JTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/10/2024	Eduardo Garcia fo #1457051 Sacramento, CA 9			☐ IND  ※ COM ☐ OTH ☐ PTY ☐ SCC			\$2,000.00  Check if Loan  Provide interest rate	
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan  ———————————————————————————————————
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan  ———————————————————————————————————
Reason for Amendm	ent:					**Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribu	isiness entit	y)