497 Contribution Rep	port	Report	rt
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Amounts may be rounded to whole dollars.

NAME OF FILER Deni Se AREA CODE/PHONE NUMBER STREET ADDRESS OF COAChella 1. Contribution(s) F	1429 438 STATE ZIP CODE LA 92236	Report No Amendment to Report No. (explain below) No. of Pages		RECEIVED AUG 2 6 2024	CALIFO FOR For 0	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
08/23			OTH SCC			5,500. Check if Loan Provide interest rate
08/26			COM OTH PTY SCC			2,000 ☐ Check if Loan ————————————————————————————————————
			IND COM OTH PTY SCC			Check if Loan Provide interest rate
Reason for Amendment:				* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ness entity)	