

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER <p style="font-size: 1.2em; margin: 0;">Denise Delgado</p>	Date of This Filing <p style="font-size: 1.2em; margin: 0;">08/29/24</p>	Date Stamp  <p style="font-size: 1.5em; color: blue; text-align: center; margin: 0;">RECEIVED</p> <p style="color: red; text-align: center; margin: 0;">AUG 29 2024</p>	<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <p style="font-size: 1.2em; margin: 0;">1429438</p>	Report No. _____	For Official Use Only
STREET ADDRESS [REDACTED]	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <p style="font-size: 1.2em; margin: 0;">Coachella</p>	STATE <p style="font-size: 1.2em; margin: 0;">CA</p>	ZIP CODE <p style="font-size: 1.2em; margin: 0;">92236</p>	No. of Pages <p style="font-size: 1.2em; margin: 0;">2</p>

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
08/29/24	Lupe Acosta [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
08/28/24	Selma Ochoa [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
08/28/24	Carlos Delgado [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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

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NAME OF FILER <i>Denise Delgado</i>		Date of This Filing <i>8/29/24</i>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">CALIFORNIA FORM 497</div> <p style="font-size: small; text-align: center;">For Official Use Only</p>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <i>1429438</i>	Report No. _____	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
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<i>8/29/24</i>	<del>XXXXXXXXXX</del> <i>Eliana Sanchez</i> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<div style="text-align: right; font-size: large;"><i>2,000</i></div> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
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