NAME OF FILER	ution Report	visor 2024	Amount	Date of This Filing	LOS /		497 CONTRIBUTION FORM	PEPORT	
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)			Report No. 3/	/5/24-34	FEB 22 PM 1: 45	For Official Use Onl			
(916) 706-2677 STREET ADDRESS		1458425		Amendment to Report No		POSITION B UNIT			
Sacramento		STATE	ZIP CODE 95814	No. of Pages	1				
1. Contributi	on(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIG			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPI (IF SELF-EMPLOYED, ENTER NAME OF BU			
02/20/2024	Elaine LasnikBroida Beverly Hills, CA 90212				IND COM OTH PTY SCC	Retired Retired	☐ Check if I	%	
02/20/2024	Judith Nelson Sherman Oaks, CA 91403					Retired Retired	□ Check if I	%	
02/20/2024	Eileen Ogle Sherman Oaks, CA 9	91403			IND COM OTH PTY SCC	Retired Retired		,500.00 Loan	
Reason for Amer	ndment:					*Contributor Codes IND – Individual COM – Recipient Comr OTH – Other (e.g., bus PTY – Political Party SCC – Small Contributor		scc)	