497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 09/16/2024	Date Stamp RECEIVED SEP 16 2024 CITY OF ARTESIA	For Official Use Only
Morante Sr. For Artesia City Council 2024				
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 2		
[redacted]	1463110			
[redacted]S		☐ Amendment to Report No. _____ (explain below)		
[redacted]				
CITY / STATE / ZIP CODE		No. of Pages 1		
Norwalk / CA / 90650				

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (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
09/16/2024	Kali Chaudhuri [redacted] Hemet, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Doctor Kali Chaudhuri	2,500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____