497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER			
Rocha for Artesia City Council 2024			

Date of This Filing 09/30/2024

Report No. 4

☐ **Amendment to Report No.** _____ (explain below)

No. of Pages 1

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)
██████████	1461623

STREET ADDRESS
████████████████

CITY	STATE	ZIP CODE
Norwalk	CA	90650

Date Stamp

RECEIVED

OCT 0 1 2024

CITY OF ARTESIA

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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
09/27/2024	Kali Chaudhuri ████████████ Hemet, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Doctor Kali Chaudhuri	3,000.00 ☐ 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

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