| NAME OF FILER | | | Data of | | the table to the table to the table of | |
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| | ell for County Superv | visor 2024 | Date of This Filing | 01/31/20 405 | PM 13 121 L. L. W. W. L. W. T. | ORNIA 497 |
| AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) | | | | 2071 | | r Official Use Only |
| (916) 706-2677 | | Report No. 3/ | | | | |
| STREET ADDRESS | | | ☐ Amendmento Report No. | nt | OPOSITION B UNIT | |
| CITY | | STATE ZIP CODE | (explain below) | | | |
| Sacramento | | CA 95814 | No. of Pages | 1 | | |
| 1. Contributi | on(s) Received | | | | | |
| DATE RECEIVED | FULL NAM | ME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TRIBUTOR | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS) | AMOUNT RECEIVED |
| 01/31/2024 | Sydney Shand Claremont, CA 9171 | | IND ☐ COM | Realtor Orcel Inc | 1,500.0 | |
| | | | | ☐ OTH ☐ PTY ☐ SCC | | ☐ Check if Loan |
| 01/30/2024 | Caroline Torosis | | | | Attorney | Provide interest rate |
| 01/30/2024 | Santa Monica, CA 9 | | IND COM OTH PTY | County Of Los Angeles OTH PTY | ☐ Check if Loan | |
| | | | | □ scc | | Provide interest rate |
| 01/30/2024 | James Torosis Los Altos, CA 9402 | | IND □ COM | Physician Peninsula Gastroenterology | 1,000.0 | |
| | | | | OTH PTY | | ☐ Check if Loan |
| | | | | □ scc | | Provide interest rate |
| Reason for Amer | ndment: | | | | *Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business ei PTY – Political Party SCC – Small Contributor Comm | ntity) |

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