497 Contribution	Report	Amounts may be rounded to	vhole dollars.		497 C0	ONTRIBUTION REPOR
NAME OF FILER Alissa Roston for Ci	Date of This Filing _	02/23/2024		CALIFORNIA 497 FORM For Official Use Only		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		Report No. 3				Date Stamp
(213) 489-4792 STREET ADDRESS	1460582			ommeel	1	1 ava 1
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12501 Imperial Hwy. Ste. 200 CITY STATE ZIP CODE		to Report No (explain below))	2024FB2	2/23/2024	
CITY Norwalk	STATE ZIP COD CA 90650	No. of Page	1	Butlard ptaring parkend	***	
1. Contribution(s)	Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODI (IF COMMITTEE, ALSO ENTER I.D. NUM		CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND (IF SELF-EMPLOYED, ENTER NAME	EMPLOYER	AMOUNT RECEIVED
	Roston		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Financial Analyst Roston Enterprises		10,000.0 Check if Loan Provide interest rate
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			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan ———————————————————————————————————
Reason for Amendment:				*Contributor Code: IND – Individual COM – Recipient (OTH – Other (e.g. PTY – Political Par SCC – Small Contr	Committee (oth , business enti ty	