

497 Contribution Report

Amounts may be rounded to whole dollars.

4DC

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|---|---|--|---|--|
| NAME OF FILER Esthela Torresde Siegrist | | Date of This Filing 10/19/24 | Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 OCT 18 AM 10:24 CAMPAIGN FINANCE | CALIFORNIA FORM 497 <small>For Official Use Only</small> |
| AREA CODE/PHONE NUMBER 626-622-1794 | I.D. NUMBER (if applicable) 1471196 | Report No. 2 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | | |
| CITY El Monte, CA | STATE CA | ZIP CODE 91732 | No. of Pages 1 | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|-----------------|--|---|--|--|
| 10/17/24 | Blanca Robio for Assembly 2024 Sacramento, CA 95841 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000 <input type="checkbox"/> Check if Loan 0 % <small>Provide interest rate</small> |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____ % <small>Provide interest rate</small> |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____ % <small>Provide interest rate</small> |

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