

001109

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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P.002

NAME OF FILER Kelly J. Roberts		
AREA CODE/PHONE NUMBER 949-809-3900	I.D. NUMBER (if applicable) 499794	
STREET ADDRESS		
CITY Laguna Beach	STATE CA	ZIP CODE 92651

Date of This Filing 10/31/2024

Report No. 002

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 1

1 of 1

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/28/2024	JOSE MEDINA FOR RIVERSIDE BOARD OF SUPERVISOR  RIVERSIDE CA 95815 ID :1457298	JOSE MEDINA County Supervisor County Riverside	5000.00	11/05/2024

Reason for Amendment: \_\_\_\_\_



ENTREPRENEURIAL INVEST

OCT-31-2024 13:52

TOTAL P.002