

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Kelsey Nelson		Date of This Filing 09/30/2024	Date Stamp OCT 01 2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 916/5343193	I.D. NUMBER (if applicable) 1473463	Report No. 1		
STREET ADDRESS 6577 Auburn Blvd		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Citrus Heights	STATE CA	ZIP CODE 95621	No. of Pages 1	

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
09/03/2024	King's Casino Management Corp, 6510 Antelope Rd, Citrus Heights, CA 95621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/30/2024	Michelle Smira, [REDACTED] Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Government Relations, MMS Strategies	<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate

Reason for Amendment: Donations received of \$1000 or more

* 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