		ype or print in ink. y be rounded to whole dollars.  Date of This Filling 4-20-23  Report No. 2		BEU MILS CI	497 CONTRIBUTION REPORT CALIFORNIA 497 FORM FOR Official Use Only	
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1. Contribution	n(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED ENTER NAME OF	ZLOYER BUSINESS)	AMOUNT RECEIVED
4-20-23	Marilyn Gallup 502 N. Arden Drive Beverly Hills, CA 90210		IND COM OTH PTY SCC	Retired		\$1,000 Check if Loan Provide interest rate
			IND COM OTH PTY SCC			Check if Loan % Provide interest rate
			IND COM OTH PTY SCC			Check if Loan % Provide interest rate
Reason for Amendm	nent:			**Contributor Codes IND — Individual COM — Recipient Com OTH — Other (e.g., but PTY — Political Party SCC — Small Contribu	siness entit	y)

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