

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Alissa Roston for City Council 2024			Date of This Filing 02/08/2024	BEV HILLS CITY CLERK 2024 FEB 12 AM 9:56 Date Stamp	CALIFORNIA FORM 497 For Official Use Only <i>indexed</i> 2/12/2024 <i>[Signature]</i>
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (if applicable) 1460582	Report No. 2			
STREET ADDRESS 12501 Imperial Hwy. Ste. 200			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Norwalk	STATE CA	ZIP CODE 90650	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
02/08/2024	Alissa Roston [REDACTED] Loan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Analyst Roston Enterprises	10,000.00 <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
		<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: _____

*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