

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Carol A. Gamble		Date of This Filing 10/10/2024	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 949-459-8300	I.D. NUMBER (if applicable) 1343645	Report No. 2		For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Mission Viejo	STATE CA	ZIP CODE 92691	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
10/10/2024	Apartment Association of Orange County PAC 980470 [REDACTED] Anaheim, CA 92805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan % Provide interest rate
10/10/2024	Association of Orange County Deputy Sheriffs PAC 782021 [REDACTED] Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan % Provide interest rate
10/10/2024	The Lincoln Club of Orange County State PAC 970861 [REDACTED] Irvine, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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