

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Kelsey Nelson		Date of This Filing 10/01/2024	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only OCT 02 2024
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1473463	Report No. 1		
STREET ADDRESS [REDACTED]		<input checked="" 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
09/02/2024	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	\$1,000 <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

\* 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

Reason for Amendment: Donations received of \$1,000 or more