

497 Contribution Report

Amounts may be rounded to whole dollars.

PE24

NAME OF FILER National Women's Political Committee San Gabriel Valley (SGV)		Date of This Filing <u>1/29/2024</u>	Date Stamp <u>01/30/2024</u>	CALIFORNIA FORM 497 For Official Use Only 600848
AREA CODE/PHONE NUMBER 626-695-6222	I.D. NUMBER (if applicable) 770021	Report No. <u>1</u>	RECEIVED BY LOS ANGELES COUNTY 2024 FEB -1 AM 11:25 CAMPAIGN FINANCE	
STREET ADDRESS CITY STATE ZIP CODE Monrovia CA 91016		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>1</u>	

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
1/29/2023	Olivia Galicia Pasadena, CA 91103-1955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financially Fit Foundatoin Founder	3000.00 <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