497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Julie Del Catancio	Date of This Filing: 7/15/2024
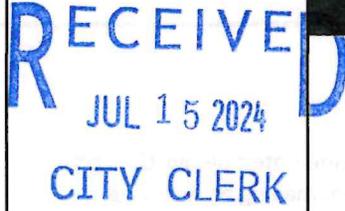
CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER ▇▇▇▇▇	I.D. NUMBER *(if applicable)* 1471188

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages _____

Date Stamp

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STREET ADDRESS ▇▇▇▇▇

CITY Newark	STATE CA	ZIP CODE 94560

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
7/10/2024	Julie Del Catancio, ▇▇▇▇▇ Newark, CA 94560	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher, Newark Unified School District	5100 ☑ Check if Loan 0 _____% 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 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