

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Hawaiian Gardens Casino and Aggregated Contributions			Date of This Filing _____ 05/04/2026 _____	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 498016	Report No. _____ 6038.01-17 _____				
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>			
CITY Hawaiian Gardens	STATE CA	ZIP CODE 90716	No. of Pages _____ 2 _____			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/04/2026	Ada Briceno for Assembly 2026 Los Angeles, CA 90071 ID# 1477869	Ada Briceno State Assembly District 67 Jurisdiction: State Assembly District	\$5,900.00	06/02/2026
05/04/2026	Ada Briceno for Assembly 2026 Los Angeles, CA 90071 ID# 1477869	Ada Briceno State Assembly District 67 Jurisdiction: State Assembly District	\$5,900.00	06/02/2026

Reason for Amendment: