497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM **497**

497 CONTRIBUTION REPORT

NAME OF FILER			Date of This Filing	01/17/2024	For Official Use Only
Bobcat for DA 2024					
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*		Report No.	011624-1	
(818)471-5646					
STREET ADDRESS			☐ Amendment to Report No. _____ *(explain below)*		
CITY	STATE	ZIP CODE	No. of Pages	1	
Claremont	CA	91711			

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
01/16/2024	Lloyd Masson Claremont, CA 91711	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Deputy District Attorney County of San Bernardino	9,000.00 ☐ Check if Loan _____% 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