


# 497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY  
Date Stamp  
2024 FEB 23 PM 3: 5  
PROPOSITION B UNIT

FEB 23 2024   
497 CONTRIBUTION REPORT

**CALIFORNIA FORM 497**

For Official Use Only

<b>NAME OF FILER</b> Judge Debra Archuleta for District Attorney 2024		
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (if applicable) 1463015	
STREET ADDRESS		
CITY Norwalk	STATE CA	ZIP CODE 90650

**Date of This Filing** 02/23/2024

**Report No.** 1

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**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
02/23/2024	Michael Rosenberg Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,000.00
		<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