

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Hatami for District Attorney 2024		Date of This Filing 12/22/2023	RECEIVED BY LOS ANGELES COUNTY 2023 DEC 28 AM 8:49 PROPOSITION B UNIT 12/22/23 E M	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 441-5352	I.D. NUMBER (if applicable) 1458513	Report No. 231222		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92612		

1. Contributions 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
12/21/2023	Nina Tran Santa Clarita, CA 91355-6030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Nina Tran	\$1,000.00 <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