

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER John McKinney for LA District Attorney 2024			Date of This Filing <u>01/02/2024</u> Report No. <u>12/31/2023</u> <input checked="" type="checkbox"/> Amendment to Report No. <u>12/31/2023</u> <small>(explain below)</small> No. of Pages <u>2</u>	<div style="border: 1px solid black; padding: 5px;"> RECEIVED BY LOS ANGELES COUNTY 2024 JAN -3 AM 8:54 PROPOSITION B UNIT </div>	<div style="border: 1px solid black; padding: 5px;"> CALIFORNIA FORM 497 For Official Use Only </div>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1458551				
STREET ADDRESS					
CITY Encino	STATE CA	ZIP CODE 91436			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
12/31/2023	Davan Mathai Cerritos, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney La County	3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/31/2023	Oingtun Liang Arcadia, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/31/2023	William P Edwards St Petersburg, FL 33701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Info n.a	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____

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NAME OF FILER John McKinney for LA District Attorney 2024			Date of This Filing 01/02/2024	RECEIVED BY LOS ANGELES COUNTY 2024 JAN -3 AM 8:34 PROPOSITION B UNIT CALIFORNIA FORM 497 For Official Use Only
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STREET ADDRESS				
CITY Encino	STATE CA	ZIP CODE 91436		
			<input checked="" type="checkbox"/> Amendment to Report No. 12/31/2023 (explain below)	
			No. of Pages 2	

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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
12/31/2023	Permasteel Inc Pomona, CA 91768	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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

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