

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY JAN 24 2024  
LOS ANGELES COUNTY

<b>NAME OF FILER</b> Janice Hahn for Supervisor 2024		Date of This Filing <u>1/24/2024</u>	Date Stamp <b>2024 JAN 25 AM 8:04</b> PROPOSITION B UNIT	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1457362	Report No. <u>012424A</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages <u>1</u>	

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
01/23/2024	Downey Hospitality Group Downey, CA 90240-3015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <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