

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY JAN 23 2024 EM  
 LOS ANGELES COUNTY  
 Date Stamp  
 2024 JAN 24 AM 8:02  
 PROPOSITION B UNIT  
 CALIFORNIA FORM 497  
 For Official Use Only

**NAME OF FILER**  
 John McKinney for LA District Attorney 2024

**AREA CODE/PHONE NUMBER** \_\_\_\_\_ **I.D. NUMBER (if applicable)**  
 \_\_\_\_\_ 1458551

**STREET ADDRESS**  
 \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_  
 Encino CA 91436

**Date of This Filing** 01/23/2024

**Report No.** 01/22/2024

**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
01/22/2024	Vache Jorpaian Glendale, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales IFS	1,500.00  <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
		<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