

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 13 2024
497 CONTRIBUTION REPORT

LOS ANGELES COUNTY
Date Stamp
2024 FEB 14 AM 8:10
PROPOSITION B UNIT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER Maria Ramirez for District Attorney 2024		
AREA CODE/PHONE NUMBER (626) 915-7635	I.D. NUMBER (if applicable) 1457090	
STREET ADDRESS		
CITY Covina	STATE CA	ZIP CODE 91722

Date of This Filing 02/13/2024

Report No. 9

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 <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
02/13/2024	Association of Deputy District Attorneys Los Angeles, CA 90071 Committee ID # 1399598	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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