

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 15 2024
 LOS ANGELES COUNTY
 Date Stamp
 2024 FEB 16 AM 8:06
 PROPOSITION B UNIT

NAME OF FILER Hatami for District Attorney 2024		Date of This Filing 2/15/2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 441-5352	I.D. NUMBER (if applicable) 1458513	Report No. 240215	
STREET ADDRESS c/o Beaver Legal Corp		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Irvine	STATE CA	ZIP CODE 92612	
		No. of Pages 1	

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
02/14/2024	Association of Deputy District Attorneys PAC Los Angeles, CA 90071-2201 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

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