

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT  
12/31/19  
E-mail

NAME OF FILER RACHEL ROSSI FOR DISTRICT ATTORNEY 2020		Date of This Filing 12/31/2019
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1421870	Report No. 123119
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Inglewood	STATE CA	ZIP CODE 90301
		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
12/30/2019	Daphne San Jose Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic Designer Warner Brothers	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/31/2019	Jonathan Libby Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Federal Public Defender	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

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