

497 Contribution Report

Amounts may be rounded to whole dollars.

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 PROPOSITION B UNIT

CALIFORNIA
 FORM 497
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NAME OF FILER
 Hatami for District Attorney 2024

AREA CODE/PHONE NUMBER (949) 441-5352 I.D. NUMBER (if applicable) 1458513

STREET ADDRESS

CITY Irvine STATE CA ZIP CODE 92612

Date of This Filing 1/23/2024

Report No. 240124

Amendment to Report No. (explain below)

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
01/22/2024	Marine Clerks Political Action Committee San Pedro, CA 90731-2752 ID: 1223277	<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